31-E R.C. 3517.10(B)

## Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 8/10/16	
Page <u>52</u>	

\$3,700.00

Page Total \$

E. T. 2	Prescribed by Secre	MITA OF STATE 03/03		
Name of Committee in Full  Citizens for Mingo				
Full Name of Contributor  Calfee Fund for Good Government			Registration Number, if PAC COO351635	
Street Address 800 Superior Ave	Employer/Occupation/Labor Organization*		M D Y Amount 0 8 1 3 1 6 \$1,000.00	
City Cleveland	Stal te OH	Zip Code 44114	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Grange Mutual PAC			CP677	
Street Address 671 S High St	Employer/Occupation/Labor Organization*		M D Y Amount 0 8 1 3 1 6 \$500.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43206	Check	
Full Name of Contributor Stelios Giannopoulos			Registration Number, if PAC	
Street Address 247 N Parkview Ave	Employer/Occup	oation/Labor Organization*	M D Y Amount 0 8 1 3 1 6 \$100.00	
City Bexley	Sta te OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor		<del></del>	Registration Number, if PAC	
Harold Keller				
Street Address 543 Greenglade Ave	Employer/Occupation/Labor Organization*		M D Y Amount 0 8 1 3 1 6 \$1,000.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Worthington	OH	43085	Check	
Full Name of Contributor Fifth Third Bancorp PAC			Registration Number, if PAC COO290502	
Street Address 545 E Town St	Employer/Occu	pation/Labor Organization*	0 8 1 3 1 6 Amount \$500.00	
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Griffith			Registration Number, if PAC	
Street Address 522 N State St	Employer/Occupation/Labor Organization*		0 8 1 3 1 6 Amount \$500.00	
City Westerville	Sta te OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nicholas Musslin			Registration Number, if PAC	
Street Address 4120 Logan Ave	Employer/Occupation/Labor Organization*		M D Y Amount 0 8 1 3 1 6 \$100.00	
City Canton	Stal te OH	Zip Code 44709	Form (Cash, Check, etc.) Check	
* Required for contributions from individuals over \$100 to the individual's business, if any, rather than employer sho labor organization of which the employees are members,	o statewide and General A uld be listed. If two or mo	re employees contribute via pa	utor is self-employed, the occupation and the name of yroll deduction and exceed the aggregate of \$100, the	
Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 3 in the date column	31-A. Under Full Name of	Contributor state "Contribution	ons from form No. 31-E" and list the date of the event	
Total contributions this event	Total expenditures this event.			
		•		