



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

Form 31-E
R.C. 3517.10(B)

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|---|--|--------------------------|---|-------------------------|
| Full Name of Committee Citizens for Mingo | | | | |
| Full Name of Contributor Sarah Eagleson | | | Registration Number, if PAC | |
| Street Address 1000 Urlin Ave | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/24/2018 | Amount 100.00 |
| City Columbus | State | Zip Code 43212 | Form (Cash, Check, Etc) EFT | |
| Full Name of Contributor Angela Travis | | | Registration Number, if PAC | |
| Street Address P O Box 606 | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/24/2018 | Amount 100.00 |
| City Galloway | State OH | Zip Code 43119 | Form (Cash, Check, Etc) EFT | |
| Full Name of Contributor Steve Hess | | | Registration Number, if PAC | |
| Street Address 4500 Dublin Rd | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/28/2018 | Amount 150.00 |
| City Columbus | State OH | Zip Code 43221 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor William Dargusch | | | Registration Number, if PAC | |
| Street Address 2120 E Broad St | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/30/2018 | Amount 500.00 |
| City Columbus | State OH | Zip Code 43209 | Form (Cash, Check, Etc) EFT | |
| Full Name of Contributor Shaun Simpson | | | Registration Number, if PAC | |
| Street Address 510 Bantry St | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/01/2018 | Amount 100.00 |
| City Powell | State OH | Zip Code 43065 | Form (Cash, Check, Etc) EFT | |

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$950.00