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

Event Date	8/10/16
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\$3,150.00

Page Total \$

	Prescribed by Secre	tary of State 03/05			
Name of Committee in Full					
Citizens for Mingo					
Full Name of Contributor	Registration Number, if PAC				
Jeff Edwards					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
495 S High St	2000 2000		0 7 2 2 1 6 \$1,000.00		
City	State Zip Code		Form (Cash, Check, etc.)		
Columbus	OH	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Rowland Giller			}		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
470 Olde Worthington Rd		ū	0 7 2 5 1 6 \$1,000.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Westerville	OH	43082	EFT		
Full Name of Contributor	·		Registration Number, if PAC		
Ash Soloman			Į.		
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount		
5582 Dumfries Ct		-	0 7 2 9 1 6 \$100.00		
City	Stax te	Zip Code	Form (Cash, Check, etc.)		
Dublin	OH	43017	Check		
Full Name of Contributor			Registration Number, if PAC		
Sean Mohn					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
129 W 2nd St			0 7 2 9 1 6 \$500.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Dover	OH	44622	Check		
Full Name of Contributor			Registration Number, if PAC		
Michael Blankenbecler					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
4040 Clark Shaw Rd			0 7 2 9 1 6 \$300.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Powell	OH	43065	Check		
Full Name of Contributor Registration Number, if PAC					
Randy Best					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
10035 Julianne Circle			0 7 2 9 1 6 \$150.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Powell	OH	43065	Check		
Full Name of Contributor			Registration Number, if PAC		
Shai Commercial Real Estate Ltd; c/o Holly S	Shai				
Street Address Employer/Occupation/Labor Organization*			M D Y Amount		
4009 Columbus Rd	1		0 7 2 9 1 6 \$100.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Granville	OH	43023	Check		
* Required for contributions from individuals over \$100	to statewide and General A	ssembly candidates. If contrib	outor 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 No. 31-E" and list the date of the event					
in the date column					
Total contributions this guest		Total avmanditums this	event		
Total contributions this event	Total expenditures this event.				