



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

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

Full Name of Committee Citizens for Mingo				
Full Name of Contributor VSSP Advocates for Effective Government			Registration Number, if PAC OH108	
Street Address 52 E Gay St		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 01/26/2018
				Amount 2,500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc) Check
Full Name of Contributor Bricker & Eckler LLP PAC			Registration Number, if PAC OH821	
Street Address 100 S Third St		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 01/26/2018
				Amount 1,000.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc) Check
Full Name of Contributor Rich & Gillis Law Group; c/o Jeff Rich			Registration Number, if PAC	
Street Address 6400 Riverside Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 01/26/2018
				Amount 100.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, Etc) Check
Full Name of Contributor Huntington Bancshares PAC			Registration Number, if PAC COO165589	
Street Address 41 S High St		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 01/26/2018
				Amount 1,000.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc) Check
Full Name of Contributor Bobby Mitchell			Registration Number, if PAC	
Street Address 9329 Hocking Run St		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 01/27/2018
				Amount 100.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, Etc) Cash

* 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 \$4,700.00