31-E R.C. 3517.10(B)

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

Event 1	Date 8/10/16	
Page	45	

\$4,150.00

Page Total \$

	Prescribed by Secre	tary of State 03/05			
Name of Committee in Full					
Citizens for Mingo					
Full Name of Contributor Jennifer Camper	Registration Number, if PAC				
•					
Street Address 90 W Hubbard	Employer/Occupation/Labor Organization*		0 7 2 2 1 6 \$300.00		
City	Star te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	Check		
Full Name of Contributor Michael Deascentis			Registration Number, if PAC		
11 Hawksmoor Dr	Employer/Occupation/Labor Organization*		M D Y Amount 0 7 2 2 1 6 \$200.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
New Albany	OH	43054	Check		
Full Name of Contributor		10007	Registration Number, if PAC		
Rich & Gillis Law Group LLC; c/o Jeff Rich					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
6400 Riverside Dr	Sampley of Stocapellon Essent Signature		0 7 2 2 1 6 \$1,000.00		
City	Star te	Zip Code	Form (Cash, Check, etc.)		
Dublin	OH	43017	Check		
Full Name of Contributor	Registration Number, if PAC				
Magnuson & Barone; c/o Joe Barone					
recet Address Employer/Occupation/Labor Organization*			M D Y Amount		
570 Polaris Parkway			0 7 2 2 1 6 \$1,000.00		
City Westerville	Sta te	Zip Code	Form (Cash, Check, etc.) Check		
Full Name of Contributor	ОН	43082	Registration Number, if PAC		
Don Shackelford					
Street Address	Employer/Occur	M D Y Amount			
21 E State St			0 7 2 2 1 6 \$1,000.00		
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	ОН	43215	Check		
Full Name of Contributor A J Myers Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
384 Eastmoor Blvd			0 7 2 2 1 6 \$150.00		
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		
Full Name of Contributor	1 011	10200	Registration Number, if PAC		
Alan Jones	Registration Number, it FAC				
Street Address	M D Y Amount				
P O Box 329	Employer/Occupation/Labor Organization*		0 7 2 2 1 6 \$500.00		
City	State Zip Code		Form (Cash, Check, etc.)		
Mt Gilead	OH	43338	Check		
* Required for contributions from individuals over \$100 to state the individual's business, if any, rather than employer should be labor organization of which the employees are members, if any	e listed. If two or mor	e employees contribute via pa			
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. in the date column	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.				