



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 James Kennedy | | | Registration Number, if PAC | |
| Street Address 152 Kenbrook Ave | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/23/2017 | Amount 100.00 |
| City Newark | State OH | Zip Code 43058 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor James Matesich | | | Registration Number, if PAC | |
| Street Address 112 Onnen Ct | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/25/2017 | Amount 250.00 |
| City Granville | State OH | Zip Code 43023 | Form (Cash, Check, Etc) EFT | |
| Full Name of Contributor Kay Murphy | | | Registration Number, if PAC | |
| Street Address 219 Shannon Ln | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/25/2017 | Amount 100.00 |
| City Granville | State OH | Zip Code 43023 | Form (Cash, Check, Etc) EFT | |
| Full Name of Contributor Ohio Gun Collectors Association PAC | | | Registration Number, if PAC COO316455 | |
| Street Address P O Box 670406 | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/27/2017 | Amount 500.00 |
| City Sagamore Hills | State OH | Zip Code 44067 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor Andrea Weaver | | | Registration Number, if PAC | |
| Street Address 697 Arabian Circle | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/03/2017 | Amount 100.00 |
| City Marysville | State OH | Zip Code 43040 | 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 \$ 1,050.00