31-E R.C. 3517.10(B)

## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	4/20/10
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Citizens for Mingo				
Full Name of Contributor			Registration Number, if PAC	
Laurie Hancock				
Street Address 5466 Cedar Bush Rd	Employer/Occup	oation/Labor Organization*	0 5 2 6 1 0 \$500.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43229	Check	
Full Name of Contributor			Registration Number, if PAC	
Ed Hauenstein				
Street Address 2926 E Mound St	Employer/Occup	oation/Labor Organization*	M D Y Amount 0 5 2 6 1 0 \$500.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43209	Check	
Full Name of Contributor	) On	702.00	Registration Number, if PAC	
Total Employee Contributions From Fo	orm 31-G		, , , , , , , , , , , , , , , , , , , ,	
Street Address		nation/Labor Organization*	M D Y Amount \$50.00	
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	J OH		Registration Number, if PAC	
Street Address	Employer/Occup	nation/Labor Organization*	M D Y Amount	
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount	
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	en general en general en graf agrant per dende kombonen blev and de en antidekt klopet kryste general for geget a som de		Registration Number, if PAC	
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
Street Address  City  * Required for contributions from individuals ove the individual's business, if any, rather than emplabor organization of which the employees are m  Fill in the boxes below only on the last page for th	Employer/Occup  Stal te OH  er \$100 to statewide and General A over should be listed. If two or more embers, if any, must also appear. []	zation/Labor Organization*  Zip Code  ssembly candidates. If contribute employees contribute via page. R.C. 3517.10(B)(4)]	Registration Number, if PAC  M D Y Amount  Form (Cash, Check, etc.)  ator is self-employed, the occupation and the syroll deduction and exceed the aggregate of \$	
Transfer the Total contributions for this event to foin the date column	orm No. 31-A. Under Full Name of	Contributor state "Contribution	ons from form No. 31-E" and list the date of the	
Fotal contributions this event		Total expenditures this e	event.	
\$6,670.00			\$1,050	
			Page Total \$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	