

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

Prescribed by Secretary of State 03/05

Event Date 2/24/16

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Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Cheryl Krueger			Registration Number, if PAC	
Street Address 7130 Greensward Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 0 4 1 6	Amount \$300.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Anthony Lordo			Registration Number, if PAC	
Street Address 1000 High St	Employer/Occupation/Labor Organization*		M D Y 0 2 2 3 1 6	Amount \$300.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Baker & Hostetler PAC			Registration Number, if PAC OH125	
Street Address 1900 E 9th St	Employer/Occupation/Labor Organization*		M D Y 0 2 2 3 1 6	Amount \$500.00
City Cleveland	State OH	Zip Code 44114	Form (Cash, Check, etc.) Check	
Full Name of Contributor Canini & Associates Ltd; c/o Larry Canini			Registration Number, if PAC	
Street Address P O Box 887	Employer/Occupation/Labor Organization*		M D Y 0 2 2 3 1 6	Amount \$1,000.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bruce Luecke			Registration Number, if PAC	
Street Address 6156 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Paul Breen			Registration Number, if PAC	
Street Address 1008 Woodman Dr	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lawrence Hilsheimer			Registration Number, if PAC	
Street Address 7278 Lambton Park Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$300.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	

* 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

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Total expenditures this event.

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Page Total \$ 2,600.00