



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 Magnuson & Barone; c/o Joe Barone			Registration Number, if PAC	
Street Address 570 Polaris Parkway	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 05/30/2018	Amount 300.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, Etc) Check	
Full Name of Contributor Thomas Brigdon			Registration Number, if PAC	
Street Address 2426 Commonwealth Park	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/11/2018	Amount 2,500.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, Etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	

* 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
2,800.00

Total Expenditures This Event
0.00

Page Total \$ **2,800.00**