

Event Date 06/13/2018 Page 2-4

## 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                  |   |                                  |                         | Registration Number, if PAC |  |
| Saad & Saad LLP; c/o Adam Saad            |   |                                  |                         |                             |  |
| Street Address                            | Employer/Occupation/Labor Organization* |                                  | on/Labor Organization*  | Date (MM/DD/YYYY)           | Amount                                     |
| 500 S Front St                            |   |                                  |                         | 05/30/2018                  | 100.00                                     |
| City                                      | s                                       | State                            | Zip Code                | Form (Cash, Check, Etc      |  |
| Columbus                                  |   | он                               | 43215                   | Check                       |  |
| Full Name of Contributor                  | 1                                       |                                  |                         | Registration Number, if PAC |  |
| Barbara Peacock                           |   |                                  |                         |                             |  |
| Street Address                            | Employer/                               | /Occupati                        | on/Labor Organization*  | Date (MM/DD/YYYY)           | Amount                                     |
| 7286 Snowberry Ln                         |   |                                  |                         | 06/06/2018                  | 100.00                                     |
| City                                      | S                                       | State                            | Zip Code                | Form (Cash, Check, Etc      |  |
| Canal Winchester                          | C                                       | OH                               | 43110                   | EFT                         |  |
| Full Name of Contributor                  |   |                                  |                         | Registration Number, if PAC |  |
| Elizabeth Smith                           |   |                                  |                         |                             |  |
| Street Address                            | Employer                                | /Occupati                        | ion/Labor Organization* | Date (MM/DD/YYYY)           | Amount                                     |
| 1045 Eastchester Dr                       |   |                                  | '                       | 06/07/2018                  | 100.00                                     |
| City                                      |   | State                            | Zip Code                | Form (Cash, Check, Etc      | 建生 自治 100000000000000000000000000000000000 |
| Gahanna                                   | C                                       | он                               | 43230                   | Check                       |  |
| Full Name of Contributor                  |   |                                  |                         | Registration Number, if PAC |  |
| Columbus Building & Construction Trades C | Council                                 |                                  |                         |                             |  |
| Street Address                            | Employer/Occupation/Labor Organization* |                                  | ion/Labor Organization* | Date (MM/DD/YYYY)           | Amount                                     |
| 939 Goodale Blvd                          | Blvd                                    |                                  |                         | 06/07/2018                  | 500.00                                     |
| City                                      | <u>'</u>                                | State                            | Zip Code                | Form (Cash, Check, Etc      |  |
| Columbus                                  |   | он                               | 43212                   | Check                       |  |
| Full Name of Contributor                  |   |                                  |                         | Registration Number, if PAC |  |
| Dan Muthard                               |   |                                  |                         |                             |  |
| Street Address Employer                   |   | r/Occupation/Labor Organization* |                         | 1 '                         | Amount                                     |
| 914 Foxtail Circle                        |   |                                  |                         | 06/08/2018                  | 2,000.00                                   |
| City                                      | - :                                     | State                            | Zip Code                | Form (Cash, Check, Etc      |  |
| Tipp City                                 |   | ОН                               | 45371                   | Check                       |  |

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 1 | Total \$ | 2,800.00 |      |
|--------|----------|----------|------|
| . 490  | . O.G. + |          | <br> |

<sup>\*</sup> 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)]