



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

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Citizens for Mingo				
Full Name of Contributor Barbara Peacock			Registration Number, if PAC	
Street Address 7283 Snowberry Ln	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/24/2018	Amount 50.00
City Canal Winchester	State OH <input type="checkbox"/>	Zip Code 43110	Form (Cash, Check, Etc EFT	
Full Name of Contributor Jerome Cabakoff			Registration Number, if PAC	
Street Address 7518 King George Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/26/2018	Amount 50.00
City New Albany	State OH <input type="checkbox"/>	Zip Code 43054	Form (Cash, Check, Etc EFT	
Full Name of Contributor Joe Armeni			Registration Number, if PAC	
Street Address 295 W 4th Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/26/2018	Amount 100.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43201	Form (Cash, Check, Etc EFT	
Full Name of Contributor John Haeisen			Registration Number, if PAC	
Street Address 587 Fox Ln	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/26/2018	Amount 25.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc EFT	
Full Name of Contributor Gregory Jefferson			Registration Number, if PAC	
Street Address 6306 Kniver Edge Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/26/2018	Amount 100.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43213	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 \$ 325.00