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

Event Date 8/25/10	
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Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor			Registration Number, if PAC
Arleen Resnick			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
6917 Betsey Pl	}	-	0 9 0 3 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	Check
Full Name of Contributor			Registration Number, if PAC
Total Employee Contributions From F	form 31-G		
Street Address		ation/Labor Organization*	M D Y Amount
	Employenoccap	attoti Labor Organization	\$1,300.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Only	OH	Elp Code	Torin (Calli, Cheon, tie.)
Full Name of Contributor	011		Registration Number, if PAC
ruti Name of Contributor			Registration Number, 17 FAC
Street Address	[p_t	i a t - Oiti+	M D Y Amount
Street Address	Employer/Occup	ation/Labor Organization*	
Circ	Sta te	Zip Code	Form (Cash, Check, etc.)
City	OH	Zip Code	rotin (Casit, Check, etc.)
200	On		Designation Number of DAC
Full Name of Contributor			Registration Number, if PAC
Stroot Address	In the second		M D Y Amount
Street Address	Employer/Occup	ation/Labor Organization*	
C'.	State	Zip Code	Form (Cash, Check, etc.)
City	Stal te	Zip Code	Form (Cash, Check, etc.)
F 11 V CO + 3 +	ОН		Projectories Number of DAC
Full Name of Contributor			Registration Number, if PAC
Street Address	E 1/O	- C- T- L- OiC	M D Y ₁ Amount
Street Address	Employer/Occup	ation/Labor Organization*	
C'-	State	Zip Code	Form (Cash, Check, etc.)
City	OH	Esp code	out (cash, cheek, co.)
	<u> </u>		Paristantian Number of PAC
Full Name of Contributor			Registration Number, if PAC
Street Address		of a book of the state of	M D Yi Amount
Sueet Address	Employer/Occup	ation/Labor Organization*	
0.	Sta tc	Zin Codo	Form (Cash, Check, ctc.)
City	OĤ	Zip Code	Total (Casi, Citcon, Cit.)
N.1134	0		Registration Number, if PAC
Full Name of Contributor			registration (masses, it inc
Street Address	F1	ention/Labor Organization*	M D Yi Amount
Succe Addition	Employer/Occup	ation/Labor Organization*	
City	Sta te	Zip Code	Form (Cash, Check, etc.)
City	OH	Sip Cook	- one (case) control
* Required for contributions from individuals o	ver \$100 to statewide and General As	sembly candidates. If contrib	utor is self-employed, the occupation and the name of

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.			
\$4,635.00	\$172.42			

Page Total \$

\$1,350.00

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)]