31-E R.C. 3517.10(B)

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

Event Date 3/9/15	٦
Page 38	

Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*	Citizens for Mingo		и	Pagistration Number if DAC
P O Box 284	P O Box 284				Registration Number, if PAC
P O Box 284	P O Box 284   State   Zip Code   Form (Cash, Check, ctc.)   Check	reet Address	Firmployar/Occur	nation/Labor Organization*	M D Y Amount
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Registration Number, if PAC	Il Name of Contributor   Dean Adamanticis   Employer/Occupation/Labor Organization*   Name of Contributor   O   3   1   2   1   5   \$600.00	ty		Zip Code	Form (Cash, Check, etc.)
Dean Adamantidis	Dean Adamantidis	Galena	OH	43021	Check
Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*	ll Name of Contributor		•	Registration Number, if PAC
State   Zip Code   Form (Cash, Check, etc.)   COUMDIUS   COUNT   COU	State   Zup Code   Form (Cash, Check, etc.)   Check   State   Zup Code   Form (Cash, Check, etc.)   Check	Dean Adamantidis			
Sta   to   Columbus   OH   43215	Sui_te	et Address	Employer/Occup	pation/Labor Organization*	
1   Name of Contributor   Check   Ch	Name of Centributor   Check   Employer/Occupation/Labor Organization*   Check   COO554055	75 E Gay St			0 3 1 2 1 5 \$600.00
Name of Contributor	Name of Contributor   Registration Number, if PAC	y	<u> </u>	Zip Code	Form (Cash, Check, etc.)
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Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization	li Name of Contributor	•	•	Registration Number, if PAC
Sta's   Zip Code   Form (Cash, Check, etc.)   Sta's   Zip Code   Form (Cash, Check, etc.)   Check	Sta_ite   Zip Code   Check   COUMDING   COUNTINUTE   CO	Jobs America PAC			COO554055
Sta  te	Sta   E   Town St   Sta   E   Zip Code   Form (Cash, Check, etc.)	et Address	Employer/Occur	pation/Labor Organization*	
Columbus	Columbus	545 E Town St			0 3 1 2 1 5 \$2,000.00
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Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*	Name of Contributor			Registration Number, if PAC
Sta_te   Zip Code   Form (Cash, Check, etc.)   Columbus   OH   43215   Check   Registration Number, if PAC   Sta_te   Zip Code   Columbus   OH   A3215   Check   Che	Sta_te	Strategic Public Partners PAC			COO499343
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Michael Koren  Tet Address   Employer/Occupation/Labor Organization*   M	Michael Koren  Tet Address  10002 Erin Woods Dr  Sta'te OH, A3017  Sta'te OH, A3017  Sta'te OH, A3017  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  Sta'te OH, A3017  Registration Number, if PAC			■ - <del>-</del>	
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Columbus OH 43213 Check	Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the n	Columbus	ОН	43213	Check
abor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]				Contributor state "Contributio	ons from form No. 31-E" and list the date of the o
I in the boxes below only on the last page for this event.  Inster 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 t	insfer 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	tal contributions this event		event.	
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