

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

10 JUN 11 AM 10:34

MAHON COUNTY BOARD OF ELECTIONS

Full Name of Committee Citizens for Mingo						Registration Number, if PAC					
Full Name of Candidate Clarence E. Mingo											
Street Address 8406 Leisner Ave					Office Sought County Auditor		District				
City New Albany						State OH	Zip Code 43054				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary <i>2010</i>	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		0 ^M	5	0 ^D	4	1 ^Y	0

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$63,205.36
2. Total monetary contributions (From Form No. 31-A)	\$	\$6,670.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$69,875.36
5. Total monetary expenditures (From Form No. 31-B)	\$	\$9,589.53
6. Balance on hand (line 4 minus line 5)	\$	\$60,285.83
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$440.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Ross A. Chambers, Treasurer



06/10/10

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 6

Expenditure pages 6

Other pages 11

Total pages 23

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo											
Full Name of Contributor Contributions From Form 31-E							Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M 0	D 4	Y 2	Y 0	Y 1	Y 0	Amount \$6,670.00
Full Name of Contributor							Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor							Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor							Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor							Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor							Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor							Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor							Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor							Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Amount	

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Mingo							
To Whom Paid				M	D	Y	Amount
Brian Katz				0	4	1 5 1 0	\$1,000.00
Address		Purpose					
4727 Heathstead Dr		Consulting					
City	State	Zip Code	Check Number				
Dublin	OH	43017	2008				
To Whom Paid				M	D	Y	Amount
Committee to Elect Ruth McNeil				0	4	1 5 1 0	\$150.00
Address		Purpose					
1494 B Lafayette Dr		Contribution					
City	State	Zip Code	Check Number				
Columbus	OH	43220	2009				
To Whom Paid				M	D	Y	Amount
New Century Solutions				0	4	1 5 1 0	\$1,000.00
Address		Purpose					
5466 Cedar Bush Rd		Consulting					
City	State	Zip Code	Check Number				
Columbus	OH	43229	2010				
To Whom Paid				M	D	Y	Amount
Franklin County Republican Party				0	4	1 5 1 0	\$2,000.00
Address		Purpose					
14 E Gay St		Contribution					
City	State	Zip Code	Check Number				
Columbus	OH	43215	2012				
To Whom Paid				M	D	Y	Amount
Mailchimp				0	4	1 9 1 0	\$30.00
Address		Purpose					
512 Means St		E-Mail Service					
City	State	Zip Code	Check Number				
Atlanta	GA	30318	EFT				
To Whom Paid				M	D	Y	Amount
King Strategic Communications				0	4	1 9 1 0	\$500.00
Address		Purpose					
4605 Morse Rd		Graphic Design					
City	State	Zip Code	Check Number				
Columbus	OH	43230	2014				
To Whom Paid				M	D	Y	Amount
Eagle Business Solutions				0	4	1 9 1 0	\$1,334.48
Address		Purpose					
2521 Blacklick Rd		Printing					
City	State	Zip Code	Check Number				
Baltimore	OH	43105	2015				
To Whom Paid				M	D	Y	Amount
Friends of Matt Damschroder				0	4	2 1 1 0	\$50.00
Address		Purpose					
2598 Ruhl Ave		Contribution					
City	State	Zip Code	Check Number				
Columbus	OH	43209	2016				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Citizens for Mingo													
To Whom Paid							M	D	Y	Amount			
Special Tee							0	4	2	1	1	0	\$412.50
Address				Purpose									
9819 U S Route 62				Shirts									
City			State	Zip Code		Check Number							
Orient			OH	43146		2017							
To Whom Paid							M	D	Y	Amount			
Staples							0	4	2	1	1	0	\$34.23
Address				Purpose									
2321 Taylor Park Dr				Misc. Supplies									
City			State	Zip Code		Check Number							
Reynoldsburg			OH	43068		2018							
To Whom Paid							M	D	Y	Amount			
Delta Omicron Sigma Alumnae							0	4	2	2	1	0	\$200.00
Address				Purpose									
P O Box 361014				Tickets & Ad									
City			State	Zip Code		Check Number							
Columbus			OH	43236		2019							
To Whom Paid							M	D	Y	Amount			
Greater Jordan Temple							0	4	2	2	1	0	\$175.00
Address				Purpose									
52 Reeb Ave				Ad									
City			State	Zip Code		Check Number							
Columbus			OH	43207		2020							
To Whom Paid							M	D	Y	Amount			
New Albany Founders Day Parade							0	4	2	2	1	0	\$25.00
Address				Purpose									
6481 Glass Dr				Parade Entry									
City			State	Zip Code		Check Number							
Westerville			OH	43081		2021							
To Whom Paid							M	D	Y	Amount			
Bexley Lions							0	4	2	6	1	0	\$75.00
Address				Purpose									
2926 E Mound St				Ad									
City			State	Zip Code		Check Number							
Columbus			OH	43209		2023							
To Whom Paid							M	D	Y	Amount			
Angela Ramos-Fields							0	4	2	7	1	0	\$130.00
Address				Purpose									
2954 Kerrwood Dr				Tickets									
City			State	Zip Code		Check Number							
Columbus			OH	43231		2024							
To Whom Paid							M	D	Y	Amount			
Brian Katz							0	4	2	8	1	0	\$1,000.00
Address				Purpose									
4727 Heathstead Dr				Consulting									
City			State	Zip Code		Check Number							
Dublin			OH	43017		2025							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Citizens for Mingo						
To Whom Paid			M	D	Y	Amount
New Century Solutions			0	4	2 9	1 0 \$1,000.00
Address		Purpose				
5466 Cedar Bush Rd		Consulting				
City	State	Zip Code	Check Number			
Columbus	OH	43229	2026			
To Whom Paid			M	D	Y	Amount
Milvets			0	5	0 2	1 0 \$40.00
Address		Purpose				
P O Box 311		Ticket-Armed Forces Luncheon				
City	State	Zip Code	Check Number			
Worthington	OH	43085	2027			
To Whom Paid			M	D	Y	Amount
Huntington National Bank			0	5	1 7	1 0 \$41.63
Address		Purpose				
7 Easton Oval		Service Charge				
City	State	Zip Code	Check Number			
Columbus	OH	43218	EFT			
To Whom Paid			M	D	Y	Amount
Einstein Brothers			0	5	1 9	1 0 \$3.91
Address		Purpose				
743 S High St		Campaign Meeting Expenses				
City	State	Zip Code	Check Number			
Columbus	OH	43206	Debit Card			
To Whom Paid			M	D	Y	Amount
Mailchimp			0	5	2 0	1 0 \$30.00
Address		Purpose				
512 Means St		E-Mail Service				
City	State	Zip Code	Check Number			
Atlanta	GA	30318	EFT			
To Whom Paid			M	D	Y	Amount
Smyrna Baptist Church			0	5	2 1	1 0 \$60.00
Address		Purpose				
1650 Wilson Ave		Tickets-5/22 Event				
City	State	Zip Code	Check Number			
Columbus	OH	43207	2029			
To Whom Paid			M	D	Y	Amount
Gahanna Lions			0	6	0 2	1 0 \$35.00
Address		Purpose				
157 Gothic Ct		Parade Entry				
City	State	Zip Code	Check Number			
Columbus	OH	43230	2032			
To Whom Paid			M	D	Y	Amount
Rotary Club of Westerville			0	6	0 2	1 0 \$75.00
Address		Purpose				
P O Box 595		Parade Entry				
City	State	Zip Code	Check Number			
Westerville	OH	43086	2033			

Statement of Expenditures

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Name of Committee in Full Citizens for Mingo							
To Whom Paid Huntington National Bank			M	D	Y	Amount	
			0	4	1	\$62.78	
Address 7 Easton Oval		Purpose Service Charge					
City Columbus	State OH	Zip Code 43218	Check Number EFT				
To Whom Paid Expenditures From Form 31-F			M	D	Y	Amount	
			0	5	2	\$100.00	
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid Expenditures From Form 31-F			M	D	Y	Amount	
			0	5	2	\$25.00	
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address			Purpose				
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address			Purpose				
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address			Purpose				
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address			Purpose				
City	State OH	Zip Code	Check Number				

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
To Whom Paid Schmidts				M	D	Y	Amount
				0	5	2	8
				1	0	\$100.00	
Address 240 E Kossuth St			Purpose Deposit-6/15 Event				
City Columbus		State OH	Zip Code 43206	Check Number 2030			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
		OH					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$100.00
Page Total \$ _____

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo												
To Whom Paid Eric Gresak						M	D	Y	Amount			
						0	6	0	2	1	0	\$25.00
Address 961 S High St				Purpose Deposit-6/16 Event								
City Columbus		State OH	Zip Code 43206		Check Number 2031							
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State	Zip Code		Check Number							
OH												

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$25.00
Page Total \$ _____

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Citizens for Mingo							
Full Name of Contributor Dan Moncrief				Registration Number, if PAC			
Street Address 1324 E 18th Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2610	\$500.00
City Columbus		State OH	Zip Code 43211	Form (Cash, Check, etc.) Check			
Full Name of Contributor Eric Girard				Registration Number, if PAC			
Street Address 6242 Rising Sun Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2610	\$500.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check			
Full Name of Contributor Timothy Jones				Registration Number, if PAC			
Street Address 4876 Rustic Bridge Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2610	\$100.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nationwide Better Citizenship Fund				Registration Number, if PAC OH259			
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2610	\$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Troy Gabriel				Registration Number, if PAC			
Street Address 1689 E Front St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1410	\$500.00
City Logan		State OH	Zip Code 43138	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gary Gabriel				Registration Number, if PAC			
Street Address 4402 Alameda Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1410	\$500.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check			
Full Name of Contributor Thomas Richardson				Registration Number, if PAC			
Street Address 22668 Dillon Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1410	\$500.00
City Ashtville		State OH	Zip Code 43103	Form (Cash, Check, etc.) Check			

* 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

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Total expenditures this event.

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	Page Total \$ \$2,850.00
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor Donald K Anthony		Registration Number, if PAC	
Street Address 697 Olde Orchard Ct	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 2 6 1 0 \$50.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check
Full Name of Contributor Dave Nadolny		Registration Number, if PAC	
Street Address 175 Kenbrook Dr	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 2 6 1 0 \$200.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check
Full Name of Contributor Oliver Moore		Registration Number, if PAC	
Street Address 4440 Blythe Rd	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 2 6 1 0 \$20.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Check
Full Name of Contributor Buckeye Liberty PAC		Registration Number, if PAC COO366781	
Street Address 1155 21st St NW	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 2 6 1 0 \$1,000.00
City Washington	State DC	Zip Code 20036	Form (Cash, Check, etc.) Check
Full Name of Contributor Ross Chambers		Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 2 6 1 0 \$500.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check
Full Name of Contributor Tod Bowen		Registration Number, if PAC	
Street Address 2931 E Dublin Granville Rd	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 2 6 1 0 \$500.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Check
Full Name of Contributor Mike Falleur		Registration Number, if PAC	
Street Address 499 Birchwood Ln	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 2 6 1 0 \$500.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check

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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

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Total expenditures this event.

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Page Total \$	\$2,770.00
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Laurie Hancock				Registration Number, if PAC			
Street Address 5466 Cedar Bush Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	\$500.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ed Hauenstein							
Street Address 2926 E Mound St				M	D	Y	Amount
				0	5	2	\$500.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Total Employee Contributions From Form 31-G							
Street Address				M	D	Y	Amount
							\$50.00
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

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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

\$6,670.00

Total expenditures this event.

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Page Total \$ 1,050.00


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo					
Full Name of Contributor George Mance					
Street Address 3741 Kinsey Dr					
City Columbus			State OH	Zip Code 43224	Form (Cash, Check, etc.) Cash
Full Name of Contributor					
Street Address					
City			State OH	Zip Code	Form (Cash, Check, etc.)
					Amount
Full Name of Contributor					
Street Address					
City			State OH	Zip Code	Form (Cash, Check, etc.)
					Amount
Full Name of Contributor					
Street Address					
City			State OH	Zip Code	Form (Cash, Check, etc.)
					Amount
Full Name of Contributor					
Street Address					
City			State OH	Zip Code	Form (Cash, Check, etc.)
					Amount
Full Name of Contributor					
Street Address					
City			State OH	Zip Code	Form (Cash, Check, etc.)
					Amount
Full Name of Contributor					
Street Address					
City			State OH	Zip Code	Form (Cash, Check, etc.)
					Amount

The above are employees of a unit or department under the direct supervision and control of Clarence E. Mingo, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

<p>\$50.00</p> <p>Page Total \$ _____</p>
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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Matthew McClellan		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1673 Essex Rd		Description of Item or Service Food & Beverage; 4/20 Event		M D Y Fair Market Value 0 4 2 0 1 0 \$440.00
City Columbus		State OH	Zip Code 43221	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]