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

Event Date 7/30/14	
Page #1 40	

Full Name of Combistor Joseph Arment	ame of Committee in Full Citizens for Mingo				
Joseph Armeni				Registration Number, if PAC	
295 W 4th Ave					
295 W 4th Ave	reet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
Columbus					
Manne of Contributor		· ·	· ·		
Jordon Finegold Jordon Fin		UH	43201		
Employer/Occupation/Labor Organization*				Registration Number, if PAC	
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Bexley	-				
Registration Number, if PAC PAC	•				
Employer/Occupation/Labor Organization*		UH	43209		
Employer/Occupation/Labor Organization*				Registration Number, if PAC	
43 Preston Rd	<u> </u>				
Sta te		Employer/Occup	oation/Labor Organization*		
Columbus			I		
Registration Number, if PAC		'	⁻		
State		ОН	43209		
Employer/Occupation/Labor Organization*				Registration Number, if PAC	
P O Box 20246	Gerald Hinkle				
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1873 Lake Shore O 7 1 8 1 4 \$150.00 Stalte Columbus Check	treet Address	Employer/Occur	oation/Labor Organization*		
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New Albany OH 43054 Check	New Albany	OH	43054	Check	
	7252 Tumblebrook Dr ity New Albany Required for contributions from individuals over \$1	State OH 00 to statewide and General A	Zip Code 43054 ssembly candidates. If contribu	0 7 2 8 1 4 \$250.00 Form (Cash, Check, etc.) Check ator is self-employed, the occupation and the name	
	the date column				
ansfer 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 ethe date column	otal contributions this event	Total expenditures this event.			
the date column	1	<u> </u>			
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