



# 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 Jobs America PAC			Registration Number, if PAC COO554055	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/19/2018	Amount 1,000.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Prime AE Group of Ohio			Registration Number, if PAC CP178	
Street Address 8415 Pulsar Pl	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/19/2018	Amount 1,000.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43240	Form (Cash, Check, Etc) Check	
Full Name of Contributor Promoting our Republican Team PAC			Registration Number, if PAC COO440032	
Street Address 9856 Archer Ln	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/19/2018	Amount 1,000.00
City Dublin	State OH <input type="checkbox"/>	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael Kohr			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/19/2018	Amount 225.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Robertson for County Engineer			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/22/2018	Amount 5,000.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43206	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

Total Expenditures This Event

Page Total \$ 8,225.00