

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

Prescribed by Secretary of State 03/05

Event Date 7/30/14

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Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Jennifer Camper			Registration Number, if PAC	
Street Address 90 W Hubbard Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$250.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Ron Sabatino			Registration Number, if PAC	
Street Address 3895 Stoneridge Ln	Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin	State OH	Zip Code 43017	Y 2	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Levine			Registration Number, if PAC	
Street Address 2754 Bryden Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Tim McGrath			Registration Number, if PAC	
Street Address 5305 Rocky Creek Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Grove City	State OH	Zip Code 43123	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Diane Reynolds			Registration Number, if PAC	
Street Address 3531 LaRochelle Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$500.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Magnuson & Barone; c/o Joe Barone			Registration Number, if PAC	
Street Address 570 Polaris Parkway	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43082	Y 2	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Dan Rankin			Registration Number, if PAC	
Street Address 2649 Westmont Blvd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$50.00
			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 \$ 3,000.00