

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

Prescribed by Secretary of State 03/05

Event Date 7/30/14

Page 48 47

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Isaac Wiles PAC			Registration Number, if PAC CP1058	
Street Address 2 Miranova Pl	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   1   1   4	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jonathan Hughes			Registration Number, if PAC	
Street Address 8168 Lombard Way	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   1   1   4	Amount \$1,000.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pizzuti PAC			Registration Number, if PAC OH1260	
Street Address Two Miranova Pl	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   2   1   4	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Todd Emoff			Registration Number, if PAC	
Street Address 1123 Sleeping Meadow Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   2   1   4	Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lane, Alton & Horst; c/o Jennifer French			Registration Number, if PAC	
Street Address Two Miranova Pl	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   2   1   4	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jill Rudler			Registration Number, if PAC	
Street Address 550 Polaris Parkway	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   2   1   4	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matt Mnich			Registration Number, if PAC	
Street Address 7895 Silver Lake Ct	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   2   1   4	Amount \$100.00
City Westerville	State OH	Zip Code 43082	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 \$ 2,950.00