

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 John Levitt			Registration Number, if PAC	
Street Address 4141 Lyon Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Capital Roofing LLC; c/o John Adkins			Registration Number, if PAC	
Street Address 528 Michael Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 1 4	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor MSC PAC			Registration Number, if PAC COO309468	
Street Address P O Box 594	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 1 4	Amount \$150.00
City Youngstown	State OH	Zip Code 44501	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Hamlin			Registration Number, if PAC	
Street Address 21 W Broad St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 1 4	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matt Damschroder			Registration Number, if PAC	
Street Address 1125 E Cooke Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 1 4	Amount \$200.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Arnold			Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 1 4	Amount \$200.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Doug Talbott			Registration Number, if PAC	
Street Address 8020 Flint Run Pl	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 1 4	Amount \$250.00
City Columbus	State OH	Zip Code 43235	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 \$ **\$1,150.00**