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

Event Date 8/13/14	٦
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Name of Committee in Full	·			
Citizens for Mingo				
Full Name of Contributor			Registration Number, if PAC	
John Royer				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1480 Dublin Rd			0 8 2 8 1 4 \$500.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Randy Best				
Street Address 10035 Juliana Cir	Employer/Occupa	ntion/Labor Organization*	0 8 2 8 1 4 \$100.00	
City	Sta te	Zip Code	0 8 2 8 1 4 \$100.00	
Powell	OH	43065	Check	
Fuil Name of Contributor	011	40000	Registration Number, if PAC	
Randall Asno			regionalist (vancos, 11 110	
Street Address	Employer/Occups	ation/Labor Organization*	Mi D. Y _I Amount	
10380 Woodburn Dr	Employen occupe	anore index or gammation	0 8 2 8 1 4 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Powell	ОН	43065	Check	
Full Name of Contributor		Registration Number, if PAC		
Trevor Vessels				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
1308 Broadview Ave			0 8 2 8 1 4 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43212	Check	
Full Name of Contributor Marshall Spalding			Registration Number, if PAC	
Street Address 1940 Glenford Ct	Employer/Occupa	ation/Labor Organization*	M D Y Amount 2 8 1 4 \$200.00	
City	Sta to	Zip Code	Form (Cash Chack etc.)	
Reynoldsburg	OH	43068	EFT (Cash, Check, Co.)	
Full Name of Contributor Richard Lemmons			Registration Number, if PAC	
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
6285 New Albany Rd		-	0 9 0 8 1 4 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
New Albany	OH _,	43054	Check	
Full Name of Contributor Total Employee Contributions From Form 3	11-G		Registration Number, if PAC	
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount \$275.00	
City	Sta' te	Zip Code	Form (Cash, Check, etc.)	
l [*]	ОН			
* Required for contributions from individuals over \$10		sembly candidates. If contrib	utor is self-employed, the occupation and the name of	

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.	
\$13,215.00	\$0.00	Page Total \$ \$1,375.00

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)]