

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 Thomas Flesch			Registration Number, if PAC	
Street Address 595 Cardinal Hill Ln	Employer/Occupation/Labor Organization*		M 0	D 7
City Powell	State OH	Zip Code 43065	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Kessler				
Street Address No 4 Bottomley Crescent			M 0	D 7
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Motorists Mutual Civic Fund				
Street Address 471 E Broad St			M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$750.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Vince Romanelli				
Street Address 148 w Schrock Rd			M 0	D 7
City Westerville	State OH	Zip Code 43081	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Laurence Ruben				
Street Address 140 S Columbia Ave			M 0	D 7
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Elizabeth Kessler				
Street Address 4633 Yantis Dr			M 0	D 7
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Harold Keller				
Street Address 543 Greenglade Ave			M 0	D 7
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$750.00
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 \$ **\$4,350.00**