31-E R.C. 3517.10(B)

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

| Event Date 7/30/15 | |
|--------------------|--|
| Page <u>52</u> | |

| Iame of Committee in Full | | · | ······································ |
|---|--|---|--|
| Citizens for Mingo | | | |
| Full Name of Contributor | | · | Registration Number, if PAC |
| George Simpson | | | |
| treet Address 258 S Drexel Ave | Employer/Occup | ation/Labor Organization* | 0 8 1 7 1 5 Amount \$500.00 |
| ity Columbus | Starte OH | Zip Code 43209 | Form (Cash, Check, etc.) Check |
| ull Name of Contributor | Uni_ | 10200 | Registration Number, if PAC |
| AFPD Ohio PAC | | | CP1331 |
| reet Address | Elawar/Ouwen | ation/Labor Organization* | Mi D Yi Amount |
| 30415 W 13 Mile Rd | Етрюует/Оссир | anoiveaudi Organization | 0 8 1 7 1 5 \$100.00 |
| ty | Sta te | Zip Code | Form (Cash, Check, etc.) |
| Farmington Hills | MI | 48334 | Check |
| ull Name of Contributor | | | Registration Number, if PAC |
| Jonathan Hughes | <u> </u> | | |
| reet Address 8168 Lombard Way | Employer/Occup | oation/Labor Organization* | 0 8 1 7 1 5 \$1,000.00 |
| ity | Sta te | Zip Code | Form (Cash, Check, etc.) |
| Dublin | OH | 43016 | Check |
| ull Name of Contributor | | | Registration Number, if PAC |
| Mark Woods | | | |
| rcet Address | Employer/Occup | oation/Labor Organization* | M D Y Amount |
| 5102 Avaion Ave | | - | 0 8 1 7 1 5 \$150.00 |
| ty | Sta te | Zip Code | Form (Cash, Check, etc.) |
| Columbus | ОН | 43229 | Check |
| ull Name of Contributor Richard Malir | , | | Registration Number, if PAC |
| treet Address | Employer/Occurs | pation/Labor Organization* | M D Y _i Amount |
| 4967 Galway Dr | Employer/Occup | | 0 8 1 7 1 5 \$100.00 |
| ity Dublin | Stal te OH | Zip Code 43017 | Form (Cash, Check, etc.) Check |
| full Name of Contributor VSSP Advocates for Effective Government | | <u> </u> | Registration Number, if PAC OH108 |
| treet Address 52 E Gay St | Employer/Occup | pation/Labor Organization* | 0 8 1 7 1 5 Amount \$2,500.00 |
| City | Sta' te | Zip Code | Form (Cash, Check, etc.) |
| Columbus | OH, | 43215 | Check |
| ull Name of Contributor Tonya Reyes | | | Registration Number, if PAC |
| treet Address 3027 Woodland Ave | Employer/Occur | pation/Labor Organization* | M D Y Amount 1 0 0 9 1 5 \$50.00 |
| City | Sta te | Zip Code | Form (Cash, Check, etc.) |
| Columbus | OH | 43224 | EFT |
| Required for contributions from individuals over \$10 he individual's business, if any, rather than employer s abor organization of which the employees are memberall in the boxes below only on the last page for this everansfer the Total contributions for this event to form New York and the second | should be listed. If two or mores, if any, must also appear. [9] | re employees contribute via pa R.C. 3517.10(B)(4)] | yroll deduction and exceed the aggregate of \$100, t |
| the date column | | | |
| otal contributions this event | | Total expenditures this | event. |
| | | 1 | Page Total \$ \$4,400.0 |