

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 J Donald Mottley | | | Registration Number, if PAC | |
| Street Address 137 St Julien St | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 1 1 4 | Amount \$100.00 |
| City Worthington | State OH | Zip Code 43085 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor David Butler | | | Registration Number, if PAC | |
| Street Address 405 Ashmore Ct | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 1 1 4 | Amount \$100.00 |
| City Powell | State OH | Zip Code 43065 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor James Maniace | | | Registration Number, if PAC | |
| Street Address 155 W Main St | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 1 1 4 | Amount \$150.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Diane Reynolds | | | Registration Number, if PAC | |
| Street Address 372 W 7th Ave | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 1 1 4 | Amount \$150.00 |
| City Columbus | State OH | Zip Code 43201 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Taft, Settinius & Hollister Fund | | | Registration Number, if PAC OH1146 | |
| Street Address 425 Walnut St | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 1 1 4 | Amount \$400.00 |
| City Cincinnati | State OH | Zip Code 45202 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Andrew Showe | | | Registration Number, if PAC | |
| Street Address 45 N Fourth St | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 1 1 4 | Amount \$500.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Scott White | | | Registration Number, if PAC | |
| Street Address 7131 Deacon Dr | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 1 1 4 | Amount \$250.00 |
| City Dublin | State OH | Zip Code 43017 | 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 \$ **\$1,650.00**