31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	1/23/14	
Page 49		

Page Total \$

	Prescribed by Secre	tary of State 03/05	
Name of Committee in Full Citizens for Mingo			
Full Name of Contributor		- "	Posistation Number (CDAC
Rhett Ricart			Registration Number, if PAC
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
34 W Poplar Ave	333,639311322	Salar Sassi o gamizatan	0 1 1 0 1 4 \$1,000.00
Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
ull Name of Contributor	011 40270		Registration Number, if PAC
Juan Perez			Acquisition (Allinot), Il 170
reet Address	limple use (Decour	pation/Labor Organization*	M D Y Amount
8000 Ravine's Edge Ct	Limployer/Occup	Sanouv Capor Organization	0 1 1 0 1 4 \$300.00
ity	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH.	43235	Check
ull Name of Contributor		10200	Registration Number, if PAC
Kurt Anders			
reet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
5422 Dunniker Park Dr	taupioyei/occup	Seriou isabu Organization	0 1 1 0 1 4 \$100.00
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	ОН	43017	Check
uli Name of Contributor			Registration Number, if PAC
Edgar Ingram			
reet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
555 W Goodale St	isproyer/occup	San Organization	0 1 1 0 1 4 \$500.00
ty	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	Гон'	43215	Check
ull Name of Contributor			Registration Number, if PAC
Behal Law Group; c/o Bob Behal			
treet Address	Employer/Occupation/Labor Organization*		M D Y Amount
501 S High St			0 1 1 0 1 4 \$300.00
ity	Stai te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
full Name of Contributor Tim Pirtle	•	Registration Number, if PAC	
treet Address	Employer/Occupation/Labor Organization*		M D Y ₁ Amount
3464 Tremont Rd	zpioy an occup	panoia 24001 Organization	0 1 1 0 1 4 \$400.00
ity	Sta`te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH _.	43221	Check
ull Name of Contributor		Registration Number, if PAC	
John Kessler			
reet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
No 4 Bottomley Crescent			0 1 1 0 1 4 \$1,000.00
ity	Staj te	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	Check
he individual's business, if any, rather than employed abor organization of which the employees are mem all in the boxes below only on the last page for this c	er should be listed. If two or mor bers, if any, must also appear. [I event.	re employees contribute via pa R.C. 3517.10(B)(4)]	utor is self-employed, the occupation and the name yroll deduction and exceed the aggregate of \$100, the second second is self-employed.
ansfer the Total contributions for this event to form the date column	No. 31-A. Under Full Name of	Contributor state "Contribution	ons from form No. 31-E" and list the date of the eve
otal contributions this event	Total expenditures this event.		
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1		l	J _{Dana Total} \$3,600.0