31-E R.C. 3517.10(B)

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

Event Date 10/2/14
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Prescribed by Secretary of State 03/05

	Prescribed by Secret	ary of State 03/03	
Name of Committee in Full Citizens for Mingo			
Full Name of Contributor			Registration Number, if PAC
Peter Avradopoulos			Registration Number, it rac
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
760 N Wall St			1 0 0 4 1 4 \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor	<del></del>		Registration Number, if PAC
Frank Reed			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
10 W Broad St		[g: 0.1	1 0 0 4 1 4 \$150.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
Melissa Compton			
Street Address 431 Burg St	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 0 4 1 4 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Granville	OH.	43023	Check
Full Name of Contributor	011		Registration Number, if PAC
Jerry Hall			, , , , , , , , , , , , , , , , , , , ,
Street Address	In		M D Y <sub>I</sub> Amount
	Employer/Occup	ation/Labor Organization*	
5414 Keeley St	Sta' te	Zip Code	1 0 0 6 1 4 \$125.00 Form (Cash, Check, etc.)
Columbus	OH OH	43235	Check
Full Name of Contributor Brian Swanson	1		Registration Number, if PAC
Street Address	P 1 10		M D Y Amount
934 Highland St	ізтрюуел/Оссир	oation/Labor Organization*	1 0 0 6 1 4 \$100.00
City Columbus	Starte OH	Zip Code 43201	Form (Cash, Check, etc.) Check
Full Name of Contributor Cassidy Law Ltd; c/o Shamus Cassidy			Registration Number, if PAC
			M L B L V L
Street Address 7650 Rivers Edge Dr	Employer/Occup	oation/Labor Organization*	1 0 0 6 1 4 \$50.00
City Columbus	Sta te	Zip Code 43235	Form (Cash, Check, etc.) Check
Full Name of Contributor	OH	43233	Registration Number, if PAC
Vesna Mangano	Registation (dance), it (AC		
Street Address 56 N Parkview	Employer/Occup	pation/Labor Organization*	M D Y Amount 1 0 0 6 1 4 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley	ОН	43209	Check
the individual's business, if any, rather than emplo- labor organization of which the employees are me Fill in the boxes below only on the last page for this Fransfer the Total contributions for this event to for	oyer should be listed. If two or more mbers, if any, must also appear. [b is event.	e employees contribute via pa R.C. 3517.10(B)(4)]	ator is self-employed, the occupation and the name yroll deduction and exceed the aggregate of \$100, the strong strong form No. 31-E" and list the date of the even
in the date column			
Total contributions this event		Total expenditures this e	event.
'			
.			\$925.0
· <b> </b>		<u> </u>	Page Total \$