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

Event Date 10/28/14	]
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Prescribed by Secretary of State 03/0:

Name of Committee in Full			
Citizens for Mingo			10 22 2 11 1 2514
Full Name of Contributor  David Martin			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
6031 Wilton House Ct			1 1 0 4 1 4 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	Check
Full Name of Contributor			Registration Number, if PAC
Alan Wasserstrom	· · · · · · · · · · · · · · · · · · ·		
Street Address	Employer/Occupation/Labor Organization*		1 1 0 4 1 4 \$250.00
2300 Lockbourne Rd	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43207	Check
Full Name of Contributor	1 011	70201	Registration Number, if PAC
Jack Marchbanks			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
46 N Ohio Ave	' '	Ü	1 1 0 4 1 4 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43203	Check
Full Name of Contributor		· <u>-</u> .	Registration Number, if PAC
Brian Barker			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1698 Berkshire Rd			1 1 0 4 1 4 \$100.00 Form (Cash, Check, etc.)
City	Sta te	Zip Code	Check
Columbus	ОН	43221	Registration Number, if PAC
Full Name of Contributor DeLena Ciamacco			Registration (values), it is to
Street Address 4531 E Walnut St	Employer/Occupation/Labor Organization*		1 1 0 4 1 4 \$250.00
City Westerville	Sta te OH	Zip Code 43081	Form (Cash, Check, etc.) Check
Full Name of Contributor Zeiger, Tigges & Little LLP; c/o John Zeiger	· •		Registration Number, if PAC
Street Address 41 S High St	Employer/Occupation/Labor Organization*		1 1 0 4 1 4 Amount \$250.00
City Columbus	OH Stal te	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor James Stevenson	<del>* -</del> -		Registration Number, if PAC
Street Address 7107 Asheville Park Dr	Employer/Occupation/Labor Organization*		1 1 0 4 1 4 Amount \$250.00
City Columbus	Sta te	Zip Code 43235	Form (Cash, Check, etc.) Check

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	Total expenditures this event.
	1500.00

<sup>\*</sup> 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)]