

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 John Bates			Registration Number, if PAC	
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Julie Bacome			Registration Number, if PAC	
Street Address 5400 Muirfield Ct	Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin	State OH	Zip Code 43017	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Nicholas Zuk			Registration Number, if PAC	
Street Address 593 Brook Run Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43081	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Glenn Alban			Registration Number, if PAC	
Street Address 7100 N High St	Employer/Occupation/Labor Organization*		M 0	D 7
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Karl Schneider			Registration Number, if PAC	
Street Address 9 Sessions Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sean Stoner			Registration Number, if PAC	
Street Address 7593 Polo Ln	Employer/Occupation/Labor Organization*		M 0	D 7
City Powell	State OH	Zip Code 43065	Y 1	Amount \$600.00
Form (Cash, Check, etc.) EFT				
Full Name of Contributor Jeff Edwards			Registration Number, if PAC	
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$1,000.00
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 \$ **\$3,450.00**