

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

Prescribed by Secretary of State 03/05

Event Date 10/2/14

Page 27 76

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor SSC PAC			Registration Number, if PAC	
Street Address 4300 E 5th Ave	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43219	Y 1	Amount \$250.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Ed Hauenstein			Registration Number, if PAC	
Street Address 2926 E Mound St	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor AAA Drive Thru LLC; c/o Shukri Abdallah			Registration Number, if PAC	
Street Address 4744 Sullivant Ave	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43228	Y 1	Amount \$250.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
			Form (Cash, Check, etc.)	

\* 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

\$7,875.00

Total expenditures this event.

\$0.00

Page Total \$ \$600.00