

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

Prescribed by Secretary of State 03/05

Event Date 10/8/14

Page 2978

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Elizabeth Horner			Registration Number, if PAC	
Street Address 9417 Avemore Ct	Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 1 4	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Miller			Registration Number, if PAC	
Street Address 6075 Glick Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 1 4	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jonathan Hughes			Registration Number, if PAC	
Street Address 8168 Lombard Way	Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 1 4	Amount \$2,000.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Koch			Registration Number, if PAC	
Street Address 5381 Adventure Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 1 4	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Smith			Registration Number, if PAC	
Street Address 10 W Broad St	Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 1 4	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Moody Nolan PAC			Registration Number, if PAC CP1154	
Street Address 300 Spruce St	Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	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

\$3,900.00

Total expenditures this event.

\$0.00

Page Total \$ 2,700.00