

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 Madison & Rosan; c/o Tim Madison			Registration Number, if PAC	
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 4	Amount \$1,000.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Huntington Bancshares PAC			Registration Number, if PAC COO165589	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 4	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Hillis			Registration Number, if PAC	
Street Address 17 S High St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 4	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jack Marchbanks			Registration Number, if PAC	
Street Address 46 N Ohio Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 4	Amount \$150.00
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) Check	
Full Name of Contributor Calfee Fund For Good Government			Registration Number, if PAC COO351635	
Street Address 800 Superior Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 4	Amount \$1,000.00
City Cleveland	State OH	Zip Code 44114	Form (Cash, Check, etc.) Check	
Full Name of Contributor The Limited PAC			Registration Number, if PAC CP809	
Street Address Three Limited Parkway	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 4	Amount \$1,000.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Roach			Registration Number, if PAC	
Street Address 530 W Spring St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 4	Amount \$500.00
City Columbus	State OH	Zip Code 43215	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 \$ **\$5,650.00**