

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 G Roger King			Registration Number, if PAC	
Street Address 5598 Dundon Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 0 8 1 4	Amount \$200.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ward Timken			Registration Number, if PAC	
Street Address 200 Market Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 0 8 1 4	Amount \$150.00
City Canton	State OH	Zip Code 44702	Form (Cash, Check, etc.) Check	
Full Name of Contributor Levy & Associates LLC; c/o Yale Levy			Registration Number, if PAC	
Street Address 4645 Executive Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$150.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kemp, Schaeffer & Rowe LPA; c/o Jacqueline Kemp			Registration Number, if PAC	
Street Address 88 W Mound St	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Elizabeth Tracy			Registration Number, if PAC	
Street Address 5057 Heath Gate Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Patricia Manley			Registration Number, if PAC	
Street Address 4405 Olentangy Blvd	Employer/Occupation/Labor Organization*		M D Y 1 0 0 4 1 4	Amount \$250.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Alex John			Registration Number, if PAC	
Street Address 90 Colburn Ct	Employer/Occupation/Labor Organization*		M D Y 1 0 0 4 1 4	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Cash	

* 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 \$ **\$1,050.00**