31-E R.C. 3517,10(B)

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

Event Date	8/14/13
Page 3	9

	Prescribed by Secre	tary of State 03/05			
Name of Committee in Full Citizens for Mingo	-		· · · · · · · · · · · · · · · · · · ·		
Tall Name of Contributor Scott White			Registration Number, if PAC		
treet Address	Employer/Occur	oation/Labor Organization*	M D Y <sub>i</sub> Amount		
7131 Deacon Dr			0 7 1 7 1 3 \$500.00		
ity Dublin	OH	Zip Code 43017	Form (Cash, Check, etc.) Check		
ull Name of Contributor	<del></del>	······································	Registration Number, if PAC		
Jerry Jordon					
reet Address	Employer/Occup	oation/Labor Organization*	M D Y Amount		
795 Old Woods Rd		-	0 7 1 7 1 3 \$1,000.00		
ty	Star te	Zip Code	Form (Cash, Check, etc.)		
Columbus	l oh	43235	Check		
all Name of Contributor	<del></del>		Registration Number, if PAC		
Randy Best					
reet Address	Employer/Occur	oation/Labor Organization*	M D Y Amount		
10035 Juliana Cir	, , , , , , , , ,		0 7 1 7 1 3 \$100.00		
ity	Sta te	Zip Code	Form (Cash, Check, etc.)		
Powell	l oh	43065	Check		
ull Name of Contributor	Į.		Registration Number, if PAC		
Michael Deascentis					
rect Address	Employer/Occur	oation/Labor Organization*	M D Y Amount		
11 Hawksmoor Dr			0 7 2 6 1 3 \$300.00		
ry	Staite	Zip Code	Form (Cash, Check, etc.)		
New Albany	OH.	43054	Check		
all Name of Contributor		1	Registration Number, if PAC		
Stanford Ackley			}		
reet Address	Employer/Occur	oation/Labor Organization*	M D Y Amount		
695 Kenwick Rd	' '	•	0  7  2  6  1  3   \$500.00		
ity	Staite	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43209	Check		
ull Name of Contributor Vinny Herwig	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC		
reet Address	15 1 10		M D Y Amount		
657 Bay Dr	Employer/Occup	pation/Labor Organization*	0 7 2 6 1 3 \$25.00		
westerville	Starte OH	Zip Code 43082	Form (Cash, Check, etc.) Check		
Name of Contributor			Registration Number, if PAC		
MSC PAC			COO309468		
reet Address	Employer/Occus	pation/Labor Organization*	M D Y Amount		
P O Box 594	Language Contract		0 7 2 6 1 3 \$200.00		
ity	Sta te	Zip Code	Form (Cash, Check, etc.)		
Youngstown	OH	44501	Check		
ne individual's business, if any, rather than emple abor organization of which the employees are made in the boxes below only on the last page for the	oyer should be listed. If two or mor embers, if any, must also appear. [f is event.	re employees contribute via pag R.C. 3517.10(B)(4)]	utor is self-employed, the occupation and the name syroll deduction and exceed the aggregate of \$100, t ons from form No. 31-E" and list the date of the eve		
the date column					
tal contributions this event	Total expenditures this event.				
<del></del>		<u> </u>	<u> </u>		
1 l		<u> </u>	J   Page Total \$ \$2,625.0		