

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

Prescribed by Secretary of State 03/05

Event Date 8/13/14

Page 6463

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Bainbridge for Columbus; c/o Bill Curliis			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check			0	1
			4	
Full Name of Contributor Jan Jedlinsky				
Street Address 825 Retreat Ln			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Amount \$100.00
City Powell	State OH	Zip Code 43065	Y 2	
Form (Cash, Check, etc.) Check			0	1
			4	
Full Name of Contributor Lynda Long				
Street Address 6019 S Old State Rd			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Amount \$100.00
City Lewis Center	State OH	Zip Code 43035	Y 2	
Form (Cash, Check, etc.) Check			0	1
			4	
Full Name of Contributor Chris Macisco				
Street Address 219 Frebis Ave			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Y 2	
Form (Cash, Check, etc.) Check			0	1
			4	
Full Name of Contributor Shad Phipps				
Street Address 4333 Reed Rd			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Y 2	
Form (Cash, Check, etc.) Check			0	1
			4	
Full Name of Contributor Jason Swart				
Street Address 1580 Fishinger Rd			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Y 2	
Form (Cash, Check, etc.) Check			0	1
			4	
Full Name of Contributor Mark Taggart				
Street Address 416 W 6th Ave			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Amount \$100.00
City Columbus	State OH	Zip Code 43201	Y 2	
Form (Cash, Check, etc.) Check			0	1
			4	

* 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

--

Total expenditures this event.

--

Page Total \$ 700.00