

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

Prescribed by Secretary of State 03/05

Event Date 10/1/14

Page 2170

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Tera Myhal			Registration Number, if PAC	
Street Address 4854 Brooksvie Cir	Employer/Occupation/Labor Organization*		M D Y 1 0 0 4 1 4	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Worthington Energy Consultants LLC; c/o Fred Graft			Registration Number, if PAC	
Street Address 445 Hutchinson Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 0 4 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lora D'Souza			Registration Number, if PAC	
Street Address P O Box 284	Employer/Occupation/Labor Organization*		M D Y 1 0 0 4 1 4	Amount \$100.00
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens for Antani			Registration Number, if PAC	
Street Address 8547 White Chedar Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 0 4 1 4	Amount \$100.00
City Miamisburg	State OH	Zip Code 45342	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Sharrah			Registration Number, if PAC	
Street Address 1201 Bridlestone Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 0 4 1 4	Amount \$50.00
City Vandalia	State OH	Zip Code 45377	Form (Cash, Check, etc.) Check	
Full Name of Contributor Spira Chatterji			Registration Number, if PAC	
Street Address 1277 Slade Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 0 6 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kloris Keizer			Registration Number, if PAC	
Street Address 6075 Flora Villa Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 0 6 1 4	Amount \$250.00
City Worthington	State OH	Zip Code 43085	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

--

Total expenditures this event.

--

Page Total \$ 800.00