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

| Event Date 10/8/14 | 7 |
|--------------------|---|
| Page _18_ | |

Prescribed by Secretary of State 03/05

| Name of Committee in Full Citizens for Mingo Full Name of Contributor Frank Ciotola Street Address 2707 Lear Rd City Columbus Full Name of Contributor Gordon McGough Street Address 7095 Coventry Woods City Dublin Full Name of Contributor Full Name of Contributor Full Name of Contributor City City City City City City City City | State OH Employer/Occupa State OH | Zip Code 43220 ttion/Labor Organization* Zip Code 43017 | Registration Number, if PAC |
|---|---|---|---|
| Full Name of Contributor Frank Ciotola Street Address 2707 Lear Rd City Columbus Full Name of Contributor Gordon McGough Street Address 7095 Coventry Woods City Dublin Full Name of Contributor | State OH Employer/Occupa State OH | Zip Code 43220 ttion/Labor Organization* | M D 1 6 1 4 \$150.00 Form (Cash, Check, etc.) Check Registration Number, if PAC M D 1 6 1 4 \$150.00 Form (Cash, Check, etc.) |
| Frank Ciotola Street Address 2707 Lear Rd City Columbus Full Name of Contributor Gordon McGough Street Address 7095 Coventry Woods City Dublin Full Name of Contributor | State OH Employer/Occupa State OH | Zip Code 43220 ttion/Labor Organization* | M D 1 6 1 4 \$150.00 Form (Cash, Check, etc.) Check Registration Number, if PAC M D 1 6 1 4 \$150.00 Form (Cash, Check, etc.) |
| 2707 Lear Rd City Columbus Full Name of Contributor Gordon McGough Street Address 7095 Coventry Woods City Dublin Full Name of Contributor | State OH Employer/Occupa State OH | Zip Code 43220 ttion/Labor Organization* | 1 0 1 6 1 4 \$150.00 Form (Cash, Check, etc.) Check Registration Number, if PAC M D Y Amount 1 0 1 6 1 4 \$150.00 Form (Cash, Check, etc.) |
| City Columbus Full Name of Contributor Gordon McGough Street Address 7095 Coventry Woods City Dublin Full Name of Contributor | OH Employer/Occupa Stal te OH | 43220 tion/Labor Organization* | Form (Cash, Check, etc.) Check Registration Number, if PAC M 1 0 1 6 1 4 \$150.00 Form (Cash, Check, etc.) |
| Columbus Full Name of Contributor Gordon McGough Street Address 7095 Coventry Woods City Dublin Full Name of Contributor | OH Employer/Occupa Stal te OH | 43220 tion/Labor Organization* | Check Registration Number, if PAC M |
| Full Name of Contributor Gordon McGough Street Address 7095 Coventry Woods City Dublin Full Name of Contributor | Employer/Occupa Sta to OH | tion/Labor Organization* | Registration Number, if PAC M |
| Gordon McGough Street Address 7095 Coventry Woods City Dublin Full Name of Contributor | Sta te OH | Zip Code | M 1 0 1 6 1 4 Amount Form (Cash, Check, etc.) |
| Street Address 7095 Coventry Woods City Dublin Full Name of Contributor | Sta te OH | Zip Code | 1 0 1 6 1 4 \$150.00 Form (Cash, Check, etc.) |
| 7095 Coventry Woods City Dublin Full Name of Contributor | Sta te OH | Zip Code | 1 0 1 6 1 4 \$150.00 Form (Cash, Check, etc.) |
| City Dublin Full Name of Contributor | ОН | - I | Form (Cash, Check, etc.) |
| Dublin Full Name of Contributor | ОН | - I | |
| Full Name of Contributor | | 43017 | Check |
| | | | |
| Kichard Gerber | | | Registration Number, if PAC |
| | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y Amount |
| 6125 Karner Pl | | 1 | 1 0 1 6 1 4 \$100.00 |
| City | Sta te | Zip Code | Form (Cash, Check, etc.) Check |
| Dublin | ОН | 43017 | |
| Futl Name of Contributor | | | Registration Number, if PAC |
| Christopher Cline | | | M D Y Amount |
| Street Address 6060 Post Rd | Employer/Occupation/Labor Organization* | | 1 0 1 6 1 4 \$50.00 |
| City | Sta te | Zip Code | Form (Cash, Check, etc.) |
| Dublin | OH | 43017 | Check |
| Full Name of Contributor Joel Rhoades | **** | | Registration Number, if PAC |
| Street Address 5975 S Section Line Rd | Employer/Occupation/Labor Organization* | | 1 0 1 6 1 4 \$100.00 |
| City | Sta te | Zip Code | Form (Cash, Check, etc.) Check |
| Delaware | OH | 43015 | |
| Full Name of Contributor Jill Cottone | | | Registration Number, if PAC |
| Street Address 2503 Starford Dr | Employer/Occupation/Labor Organization* | | 1 0 1 6 1 4 Amount \$25.00 |
| City Dublin | Starte OH | Zip Code 43016 | Form (Cash, Check, etc.) Check |
| Full Name of Contributor Michael Koren | <u> </u> | <u> </u> | Registration Number, if PAC |
| Street Address 10002 Erin Woods Dr | Employer/Occup | ation/Labor Organization* | 1 0 1 6 1 4 Amount \$500.00 |
| City Dublin | State OH | Zip Code 43017 | Form (Cash, Check, etc.) Check |

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 No. 31-E" and list the date of the event in the date column

| Total contributions this | event |
|--------------------------|-------|
|--------------------------|-------|

2,050.00

Total expenditures this event.

135 02

^{*} 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)]