31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 10/8/14
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Citizens for Mingo		<u> </u>		
all Name of Contributor James Saad			Registration Number, if PAC	
reet Address	F 1 10	with the Country of the	M D Yi Amount	
4938 Thomhill Ln	Employer/Occupation/Labor Organization*		1 0 0 6 1 4 \$100.00	
ty	Sta te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH	43017	Check	
ll Name of Contributor			Registration Number, if PAC	
Linda Wetters	_			
eet Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1496 Deer Crossing Ln			1 0 0 6 1 4 \$250.00	
у	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43085	Check	
dl Name of Contributor			Registration Number, if PAC	
Robert Hinkle				
reet Address	Employer/Occupation/Labor Organization*		M D Y Amount	
4158 Goldthread Ct			1 0 0 6 1 4 \$200.00	
ty	Sta, te	Zip Code	Form (Cash, Check, etc.)	
Hilliard	OH	43026	Check	
Ill Name of Contributor	<u> </u>		Registration Number, if PAC	
Victor Irelan				
cet Address	Employer/Occupation/Labor Organization*		M D Y Amount	
9015 Portofino PI	Employer/Occupation East Organization		1 0 0 6 1 4 \$250.00	
iy	Sta te	Zip Code	Form (Cash, Check, ctc.)	
Dublin	OH,	43016	Check	
ull Name of Contributor	011		Registration Number, if PAC	
Christopher Miller				
reet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
5758 Courtier Ct	Employon occupanion and an arrangement of		1 0 1 0 1 4 \$100.00	
ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH	43017	Check	
ull Name of Contributor	l'		Registration Number, if PAC	
David Lauer				
reet Address 5386 Dunniker Park Dr	Employer/Occupation/Labor Organization*		M D Y Amount \$250.00	
ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH	43017	Check	
ull Name of Contributor		! <u></u> _	Registration Number, if PAC	
Brian Barnes			İ	
treet Address	Employed/Occus	pation/Labor Organization*	M D Y Amount	
4077 Delancey Park Dr	Employer/Occu	harrow ranger (v. Paringarity).	1 0 1 0 1 4 \$50.00	
ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
	i	43016	Check	
Dublin Required for contributions from individuals over \$100 he individual's business, if any, rather than employer shabor organization of which the employees are members II in the boxes below only on the last page for this ever ansfer the Total contributions for this event to form No the date column	OH to statewide and General A louid be listed. If two or more i, if any, must also appear.	43016 ssembly candidates. If contribute employees contribute via part. (B)(4)	Check utor is self-employed, the occupation and the nam yroll deduction and exceed the aggregate of \$100	
	Total expenditures this event.			
otal contributions this event		Total expenditures this	event.	
otal contributions this event		Total expenditures this e	event.	