

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

Prescribed by Secretary of State 03/05

Event Date 8/13/14

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Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Corey Skinner			Registration Number, if PAC	
Street Address 170 Liberty Ridge Ave	Employer/Occupation/Labor Organization*		M   D   Y   0   8   1   5   1   4	Amount \$25.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melena Eldridge			Registration Number, if PAC	
Street Address 7432 Murrayfield Dr	Employer/Occupation/Labor Organization*		M   D   Y   0   8   1   5   1   4	Amount \$40.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor David McKee			Registration Number, if PAC	
Street Address 7127 Coventry Woods	Employer/Occupation/Labor Organization*		M   D   Y   0   8   1   5   1   4	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Heidi Matson			Registration Number, if PAC	
Street Address 1861 Scioto Pointe Dr	Employer/Occupation/Labor Organization*		M   D   Y   0   8   1   5   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Teresa Dickey			Registration Number, if PAC	
Street Address 170 E Beck St	Employer/Occupation/Labor Organization*		M   D   Y   0   8   1   5   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joy Barney			Registration Number, if PAC	
Street Address 1061 Mulford Rd	Employer/Occupation/Labor Organization*		M   D   Y   0   8   1   5   1   4	Amount \$50.00
City Grandview	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Betsy Liska			Registration Number, if PAC	
Street Address 1657 W 3rd Ave	Employer/Occupation/Labor Organization*		M   D   Y   0   8   1   5   1   4	Amount \$75.00
City Columbus	State OH	Zip Code 43212	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

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Total expenditures this event

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Page Total \$ 340.00