

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

Prescribed by Secretary of State 03/05

Event Date 7/30/14

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Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Bradley for Ohio; c/o Sue Marshall, Treasurer			Registration Number, if PAC	
Street Address 260 N Cassady Ave	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 4	Amount \$1,000.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor SSC PAC State of Ohio			Registration Number, if PAC CP878	
Street Address 4300 E 5th Ave	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 4	Amount \$250.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kincaid, Randall & Craine; c/o Kevin Craine			Registration Number, if PAC	
Street Address 2201 Riverside Dr	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Celia Forker			Registration Number, if PAC	
Street Address 1942 Stelzer Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 4	Amount \$30.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Alden			Registration Number, if PAC	
Street Address One E Livingston Ave	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Edgar Ingram			Registration Number, if PAC	
Street Address 565 W Goodale St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 4	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor DeLena Ciamacco			Registration Number, if PAC	
Street Address 4531 E Walnut St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 4	Amount \$500.00
City Westerville	State OH	Zip Code 43081	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-B" 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 \$ 2,480.00