

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 Chris Reese			Registration Number, if PAC	
Street Address 1019 Spring Grove Ln	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43235	Y 1	Amount \$400.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor South Delaware County Realty Assn; c/o Jim Thompson			Registration Number, if PAC	
Street Address 379 Olentangy St	Employer/Occupation/Labor Organization*		M 0	D 8
City Powell	State OH	Zip Code 43065	Y 1	Amount \$350.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael Jones			Registration Number, if PAC	
Street Address P O Box 361581	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43236	Y 1	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Huntington Bancharas PAC			Registration Number, if PAC COO165589	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sarah Eagleson			Registration Number, if PAC	
Street Address 1000 Urlin Ave	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael Nacerino			Registration Number, if PAC	
Street Address 7091 Temperance Pt	Employer/Occupation/Labor Organization*		M 0	D 8
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Matt Stavroff			Registration Number, if PAC	
Street Address 565 Metro Pl	Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin	State OH	Zip Code 43017	Y 1	Amount \$250.00
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 \$ 2,050.00