

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 Joseph Armeni			Registration Number, if PAC	
Street Address 295 W 4th Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43201	Y 1	Amount \$100.00
Full Name of Contributor Jordon Finegold			Registration Number, if PAC	
Street Address 238 N Cassady Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$100.00
Full Name of Contributor Thomas Hoaglin			Registration Number, if PAC	
Street Address 43 Preston Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$200.00
Full Name of Contributor Gerald Hinkle			Registration Number, if PAC	
Street Address P O Box 20246	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$250.00
Full Name of Contributor Thomas Jedinak			Registration Number, if PAC	
Street Address 1873 Lake Shore	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$150.00
Full Name of Contributor Grange Mutual Casualty PAC			Registration Number, if PAC CP677	
Street Address 671 S High St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$200.00
Full Name of Contributor Lewis Smoot			Registration Number, if PAC	
Street Address 7252 Tumblebrook Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City New Albany	State OH	Zip Code 43054	Y 2	Amount \$250.00

* 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

Total expenditures this event.

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Page Total \$	\$1,250.00
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