

# 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 <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Tobias Iloka</b>			Registration Number, if PAC	
Street Address <b>6677 Spring Run Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Y <b>0</b>	Amount <b>\$300.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>John Gleason</b>			Registration Number, if PAC	
Street Address <b>7532 Ogden Woods Blvd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Y <b>0</b>	Amount <b>\$300.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Mark Jump</b>			Registration Number, if PAC	
Street Address <b>2130 Arlington Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Y <b>0</b>	Amount <b>\$300.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Rick Boylan</b>			Registration Number, if PAC	
Street Address <b>1976 Lake Shore Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>	Y <b>0</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Windsor Construction LLC; c/o Alex Dorsey</b>			Registration Number, if PAC	
Street Address <b>P O Box 417</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Y <b>0</b>	Amount <b>\$1,000.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Rhett Ricart</b>			Registration Number, if PAC	
Street Address <b>4255 S Hamilton Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
City <b>Groveport</b>	State <b>OH</b>	Zip Code <b>43125</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>EFT</b>				
Full Name of Contributor <b>Nationwide Mutual PAC</b>			Registration Number, if PAC <b>COOO76174</b>	
Street Address <b>One Nationwide Plaza</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>0</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>Check</b>				

\* 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 \$ **\$3,000.00**