31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 6/16/11
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Citizens for Mingo			
Full Name of Contributor			Registration Number, if PAC
Woolpert Inc PAC			COO479899
itreet Address 4454 Idea Center Blvd	Employer/Occupation/Labor Organization*		0 6 2 0 1 1 Amount \$200.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dayton	OH	45430	Check
ult Name of Contributor		 	Registration Number, if PAC
Charles Bluestone			
treet Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
141 E Town St			0 6 2 0 1 1 \$225.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
ull Name of Contributor			Registration Number, if PAC
Jonathan Howard			
treet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
6232 Howard St		.	0 6 2 0 1 1 \$250.00
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
Blacklick	OH.	43004	Check
Full Name of Contributor			Registration Number, if PAC
John Gleason			_
treet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
7532 Ogden Woods Blvd	Employen	DALIQUETARAT OF GALILIZATION	0 6 2 0 1 1 \$150.00
ity	Sta te	Žip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	Check
Full Name of Contributor		40034	Registration Number, if PAC
Harold Keller			
Street Address	F 1 10		M D Yi Amount
543 Greenglade Ave	Employer/Occup	pation/Labor Organization*	0 6 2 0 1 1 \$300.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	Check
Full Name of Contributor			Registration Number, if PAC
Melissa Hoeffel			Negistation (value), it is is
Street Address			M D Y Amount
1443 Cliff Ct	Employer/Occup	pation/Labor Organization*	0 6 2 0 1 1 \$200.00
	Sta' te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH "	43204	Check
	1 011,		Panistentian Number if PAC
Full Name of Contributor Daniel Hilson			Registration Number, if PAC
	_ _ .		M S V L
	Employer/Occup	pation/Labor Organization*	
		les o	
-	i '	1 *	i i i i i i i i i i i i i i i i i i i
Daniel Hilson Street Address 196 S Grant St City Columbus Required for contributions from individuals over 5 the individual's business, if any, rather than employ labor organization of which the employees are men	State OH \$100 to statewide and General A er should be listed. If two or monthers, if any, must also appear.	Zip Code 43215 ssembly candidates. If contribute employees contribute via pa	M 6 2 0 1 1 \$200.00 Form (Cash, Check, etc.) Check utor is self-employed, the occupation and the syroli deduction and exceed the aggregate of \$
Fill in the boxes below only on the last page for this I ransfer the Total contributions for this event to form	event. No. 31-A. Under Full Name of	Contributor state "Contribution	ons from form No. 31-E" and list the date of the r
ransfer the Total contributions for this event to form in the date column	1 NO. 31-A. Under Pull Name of	Communior state Contribution	one from form No. 31-E. and first the date of the e-
тис час содини			
otal contributions this event	butions this event Total expenditures this		
		1	
		, i	
			J \$1,525.0