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 7/24/12	Ì
Page 34	

Cilizons for Miringo Times of Contributor Autral Flanagain 8	ame of Committee in Full	Trescribed by Secret			
aural Flanagan er Address It inployer/Occupation/Labor Organization* No. D. V. Amount	Citizens for Mingo				
Final Modes Hollow Ln State Zip Code OH 43065 Form (Cash, Check, etc.) Nowlel OH 43065 Form (Cash, Check, etc.) Nowlet OH 43065 Form (Cash, Check, etc.) Nowlet OH 43065 Form (Cash, Check, etc.) Nowlet Contributor Oh 6 2 5 1 2 \$600.00 Nowlet Contributor Form (Cash, Check, etc.) Nowlet Contributor OH 43215 Check Form (Cash, Check, etc.) Nowlet Contributor OH 43215 Check Form (Cash, Check, etc.) Nowlet Contributor OH 43215 Check Form (Cash, Check, etc.) Nowlet Contributor OH 43215 Check Form (Cash, Check, etc.) Nowlet OH 43215 Check OH OH OH OH OH OH OH O	full Name of Contributor			Registration Number, if PAC	
Sui Zip Code Form (Cash, Clarke, etc.) Form (Cash, Clarke, etc.) Form (Cash, Clarke, etc.)	Laural Flanagan				
OH 43065 Check Registration Number, if PAC	treet Address 710 Woods Hollow Ln	Employer/Occup	oation/Labor Organization*	0 6 2 5 1 2 \$600.00	
Name of Contributor State Employer/Occupation/Labor Organization* O D State Stat	lity			· · · · · · · · · · · · · · · · · · ·	
Contribution Cont	Powell	ОН	43065	Check	
Employer/Occupation/Labor Organization* O E D T D St D D D D D D D D D	ull Name of Contributor			Registration Number, if PAC	
\$195 S High St \$195 Columbus	John Bates				
Site Zpp Code	reet Address	Employer/Occup	oation/Labor Organization*		
Columbus OH 43215 Check Il Name of Contributor Sean Mohn Sean	495 S High St				
Name of Contributor Registration Number, if PAC	ty	, i	Zip Code		
Sean Mohn tet Address Employer/Occupation/Labor Organization*	Columbus	OH	43215		
Employer/Occupation/Labor Organization*	all Name of Contributor			Registration Number, if PAC	
129 W 2nd St Sun te Zip Code OH 44622 State Zip Code OH 44622 FETT From (Cash, Check, etc.) Downers, Fishel, Hass & Kim LLP; c/o Ben Albrecht Employer/Occupation/Labor Organization* OH 43215 Check State Zip Code OH 43215 Check From (Cash, Check, etc.) State Zip Code OH 43215 Check From (Cash, Check, etc.) State Zip Code OH 43215 Check From (Cash, Check, etc.) Check From (Cash, Check, etc.) State Zip Code OH 43215 Check From (Cash, Check, etc.) Check From (Cash, Check, etc.) Check From (Cash, Check, etc.) Check State Zip Code OH 43219 State Zip Code OH 43219 From (Cash, Check, etc.) Check State Zip Code OH 43219 From (Cash, Check, etc.) Check Check From (Cash, Check, etc.) Check The Columbia Ave State Zip Code OH 43209 From (Cash, Check, etc.) Check From (Cash, Check, etc.) Check The Columbia Ave State Zip Code OH 43209 From (Cash, Check, etc.) Check From (Cash, Check, etc.) Check From (Cash, Check, etc.) Check The Columbia Ave State Zip Code OH 43209 From (Cash, Check, etc.) Check From (Cash, Check, etc.) Check The Columbia Ave State Zip Code OH 43209 From (Cash, Check, etc.) Check The Cash Check, etc.) Check The Cash Check, etc.) The Cash Check The Cash Check, etc.) The Cash Check, etc.) The Cash Check etc.) The Cash Check etc. The Cash Check etc.) The Cash Check etc. The Cash Check etc. The Cash Check etc. The Cash Check e	Sean Mohn				
Dover OH 44622 EFT Negistration Number, if PAC Downes, Fishel, Hass & Kim LLP; c/o Ben Albrecht et Address 400 S 5th St 50 Sta te	reet Address 129 W 2nd St	Employer/Occup	oation/Labor Organization*	1 1 1 1 1 1	
Registration Number, if PAC	ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
Downes, Fishel, Hass & Kim LLP; c/o Ben Albrecht ett Address 400 S 5th St y Sta te Columbus OH 43215 Check Columbur OH 43215 Check Registration Number, if PAC OH147 Amount Shoulders & Contributor Associated Builders & Contractors PAC Employer/Occupation/Labor Organization* OH 43219 Sta te Zip Code OH 43219 Check OH 43219 Check Registration Number, if PAC OColumbus OH 43219 Sta te Zip Code OH 43219 Check Registration Number, if PAC Columbus Ill Name of Contributor Aurence Ruben ett Address Idl OS Columbia Ave Sta te OH 43209 Sta te Zip Code OH 43209 Check Registration Number, if PAC Sta te OH A3209 Check Registration Number, if PAC Amount Sta to OH A3209 Check Check Check Columbus Sta te Zip Code OH A3209 Check Sta te Zip Code OH A3209 Check Sta te Zip Code OH A3209 Check Che	Dover	ОН	44622	EFT	
Employer/Occupation/Labor Organization*	ull Name of Contributor			Registration Number, if PAC	
State Zip Code Form (Cash, Check, etc.) State Zip Code Check Amount Check Chec	Downes, Fishel, Hass & Kim LLP; c/o Ber	Albrecht			
Sta te Zip Code Form (Cash, Check, etc.) Columbus Sta te Zip Code Form (Cash, Check, etc.) Check Registration Number, if PAC OH147 Amount T725 Jetway Blvd Sta te Zip Code OH 43219 Sta te Zip Code OH 43219 Sta te Zip Code Check Check Check Registration Number, if PAC Check Amount Sta te Zip Code Check Check Check Check Registration Number, if PAC Check Amount Sta te Zip Code Check Check Check Check Check Registration Number, if PAC Check Amount Sta te Zip Code Check Check Check Check Registration Number, if PAC Check Amount Amount Sta te Zip Code Check Check Check Check Check Check Check Sta te Zip Code Check Check Check Check Check Sta te Zip Code Check Check Check Check Check Check Check Check Check Amount Sta te Zip Code Check	reet Address			M D Y Amount	
Columbus OH 43215 Check Registration Number, if PAC ASSOciated Builders & Contractors PAC Employer/Occupation/Labor Organization* OH 7 0 3 1 1 2 \$600.00 State Zip Code OH 43219 Columbus Il Name of Contributor Benployer/Occupation/Labor Organization* OH 7 0 3 1 1 2 \$600.00 Columbus Registration Number, if PAC Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 1 2 \$150.00 Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 1 2 \$150.00 Columbus Employer/Occupation/Labor Organization* OH 43209 Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 1 2 \$150.00 Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 1 2 \$150.00 Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 1 2 \$150.00 Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 1 2 \$150.00 Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 2 \$150.00 Check Check Check Check Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 2 \$10.00 Check Check Check Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 2 \$10.00 Check Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 2 \$10.00 Check Check Check Check Check Check Check Check Columbus Columbus Employer/Occupation/Labor Organization* OH 7 0 3 1 2 \$10.00 Check	400 S 5th St			0 7 0 3 1 2 \$1,000.00	
Columbus OH 43215 Check Registration Number, if PAC OH147 Amount 1725 Jetway Blvd Sur te Cip Code Check Che	ty	Sta te	Zip Code	Form (Cash, Check, etc.)	
Registration Number, if PAC OH147 Registration Number, if PAC OH1725 Jetway Blvd State Zip Code Form (Cash, Check, etc.) Check Registration Number, if PAC Registration Number, if PAC Check Registration Number, if PAC Check Registration Number, if PAC	Columbus	OH	43215	Check	
T25 Jetway Blvd Sta' te OH	ull Name of Contributor Associated Builders & Contractors PAC				
1725 Jetway Blvd Stalte Zip Code Gh 43219 Form (Cash, Check, etc.) Check	treet Address	Employe/Occur	netion(Lehor Organization*	M D Y _i Amount	
Columbus OH 43219 Check Registration Number, if PAC Imployer/Occupation/Labor Organization* OH 7 0 3 1 1 2	1725 Jetway Blvd	тапрюустосоц	pariors (Againzanon	0 7 0 3 1 2 \$600.00	
Columbus OH 43219 Check Registration Number, if PAC Amount \$150.00 To Day 1 2 Amount \$150.00 Stale OH 43209 Check Registration Number, if PAC Amount \$150.00 Stale OH 43209 Registration Number, if PAC Amount \$150.00 To Day 1 2 Amount \$150.00 Registration Number, if PAC Check Registration Number, if PAC Amount \$150.00 To Day 1 2 Amount \$150.00 Registration Number, if PAC Check Registration Number, if PAC Registration Number, if PAC Check Registration Number, if PAC Registration Num	ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
Laurence Ruben Cet Address Employer/Occupation/Labor Organization* O T O 3 1 2 Amount \$150.00	Columbus	OH	43219	Check	
Sta' te OH 43209 Sta' te OH 43209 Sta' te OH 43209 Check Form (Cash, Check, etc.)	ull Name of Contributor Laurence Ruben	<u> </u>		Registration Number, if PAC	
Columbus OH 43209 Check Registration Number, if PAC Amount \$1,000.00 Registration PAC Registration Number, if PAC Amount \$1,000.00 Registration PAC Registrat	treet Address 140 S Columbia Ave	Employer/Occu	pation/Labor Organization*	0 7 0 3 1 2 \$150.00	
Columbus OH 43209 Check Registration Number, if PAC Amount \$1,000.00 Registration PAC Registration Number, if PAC Amount \$1,000.00 Registration PAC Registrat	32	Sta te	Zin Code	Form (Cash, Check, etc.)	
Registration Number, if PAC Number	Columbus				
State OH State Columbus State OH State OH State Check State Check Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and 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 abor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] In the boxes below only on the last page for this event. Contributor state "Contributions from form No. 31-E" and list the date of the date column Total expenditures this event.	ull Name of Contributor J Kevin Cogan		<u> </u>	Registration Number, if PAC	
325 John H McConnell Blvd State OH State Zip Code 43215 Check Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and 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 abor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] In the boxes below only on the last page for this event. ansfer 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 date column Total expenditures this event.	treet Address	Employer/Occu	pation/Labor Organization*		
State OH State Columbus Columbus Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and 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 abor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] In the boxes below only on the last page for this event. ansfer 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 date column Total expenditures this event.	325 John H McConnell Blvd	Employe/ Occu	L	0 7 0 3 1 2 \$1,000.00	
Columbus OH 43215 Check Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and 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 abor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] I in the boxes below only on the last page for this event. ansfer 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 date column Total expenditures this event.	ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and 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 abor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] I in the boxes below only on the last page for this event. ansfer 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 date column tal contributions this event Total expenditures this event.	Columbus			Check	
tal contributions this event Total expenditures this event.	he individual's business, if any, rather than employe abor organization of which the employees are memi	r should be listed. If two or mo bers, if any, must also appear. [vent.	re employees contribute via pa R.C. 3517.10(B)(4)]	ayroll deduction and exceed the aggregate of \$100, t	
		Total avanaditures this agent			
	otal contributions this event		rotal expenditures this	even.	
	'				
Page Total \$ \$4,			1 .	\$4,100.0	