31-E R.C. 3517.10(B)

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

Event Date 9/9/10	
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V			
Name of Committee in Full Citizens for Mingo			
Full Name of Contributor Brian Barnes			Registration Number, if PAC
Street Address 4077 Delancy Pk	Employer/Occup	ation/Labor Organization*	0 9 1 4 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43016	Check
Full Name of Contributor			Registration Number, if PAC
Taft, Stettinius & Hollister PAC			OH1146
Street Address	Eleve-1000	nation/Labor Organization*	M D Y Amount
425 Walnut St	employer/Occup	adoli/Labor Organization	0 9 1 4 1 0 \$150.00
	6-24-	Zip Code	Form (Cash, Check, etc.)
City	Sta te	'	
Cincinnati	OH	45202	Check
Full Name of Contributor			Registration Number, if PAC
Central Ohio Realtors PAC			CP401
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
2700 Airport Dr			0 9 1 4 1 0 \$2,000.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH.	43219	Check
Full Name of Contributor	On	10210	Registration Number, if PAC
			Registration (varioe), it fac
Kenneth Holland			
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
697 Crossing Creek			0 9 1 4 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check
Full Name of Contributor			Registration Number, if PAC
Morna Smith			
Street Address			M D Y Amount
320 Morgan Ln	Employer/Occup	oation/Labor Organization*	0 9 1 4 1 0 \$100.00
Calvartura	Sta' te	Zip Code 43230	Form (Cash, Check, etc.) Check
Columbus	OH	40200	
Full Name of Contributor			Registration Number, if PAC
Doug Morgan			
Street Address	Employer/Occup	nation/Labor Organization*	M D Y Amount
784 Marburn Dr			0 9 1 4 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	Check
Full Name of Contributor			Registration Number, if PAC
JP Morgan Chase PAC			COO128512
		·	
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
10 S Dearborn St			0 9 1 4 1 0 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Chicago	IL	60603	Check
the individual's business, if any, rather than employ labor organization of which the employees are mer ill in the boxes below only on the last page for this	er should be listed. If two or morn nbers, if any, must also appear. [I event.	re employees contribute via pa R.C. 3517.10(B)(4)]	outor is self-employed, the occupation and the name of ayroll deduction and exceed the aggregate of \$100, the one from No. 31-E" and list the date of the event
in the date column	2		·
Total contributions this event		Total expenditures this	event.
	·		
1		'	
			J \$3,050.00
			Page Total \$