31-E R.C. 3517.10(B)

## Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 6/16/11	
Page 40	

\$3,550.00

Page Total \$

Prescribed by Secretary of State 03/05

	Prescribed by Secret	ary of State 03/05	
Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor  Carl Christman			Registration Number, if PAC
			M D Yi Amount
Street Address 114 Dorchester Sq	Employer/Occup	ation/Labor Organization*	0 6 1 6 1 1 \$500.00
City Westerville	Sta te OH	Zip Code 43081	Form (Cash, Check, etc.) Check
Full Name of Contributor	, ·	<del>1</del>	Registration Number, if PAC
Eric Laeufer			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
13831 Sunladen Dr			0 6 1 6 1 1 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pickerington	OH	43147	Check
Full Name of Contributor			Registration Number, if PAC
Philip Collins	<del></del>		M D Y Amount
Street Address 21 E State St	Employer/Occup	pation/Labor Organization*	0 6 1 6 1 1 \$600.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	Check
Full Name of Contributor			Registration Number, if PAC
Ranjan Manoranjam			
Street Address 344 Cramer Creek Ct	Employer/Occup	pation/Labor Organization*	0 6 1 6 1 1 <b>\$600.00</b>
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	EFT
Full Name of Contributor Huntington Bancshares PAC			Registration Number, if PAC COO165589
Street Address 41 S High St	Employer/Occupation/Labor Organization*		0 6 2 0 1 1 Amount \$1,000.00
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Pizzuti PAC		Registration Number, if PAC OH1260	
Street Address Two Miranova PI	Employer/Occupation/Labor Organization*		0 6 2 0 1 1 Amount \$200.00
City Columbus	Starte OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
Andre Porter		M D Yi Amount	
Street Address 461 Beecher Rd	Employer/Occupation/Labor Organization*		0 6 2 0 1 1 \$150.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, ctc.) Check
* Required for contributions from individuals over \$\frac{3}{2}\$ the individual's business, if any, rather than employelabor organization of which the employees are men	er should be listed. If two or me	re employees contribute via p	butor is self-employed, the occupation and the name of ayroll deduction and exceed the aggregate of \$100, the
Fill in the boxes below only on the last page for this Transfer the Total contributions for this event to form in the date column	event. n No. 31-A. Under Full Name o	of Contributor state "Contribut	ions from form No. 31-E" and list the date of the even
Total contributions this event	Total expenditures this event.		
		<u> </u>	