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 11/29/11	
Page 22_	

Name of Committee in Full Citizens for Mingo			
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Timothy McGrath			registation values, it is
reet Address 5305 Rocky Creek Dr	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 1 2 3 1 1 \$100.00
ity Grove City	Staj te OH	Zip Code 43123	Form (Cash, Check, etc.) Check
ull Name of Contributor		į	Registration Number, if PAC
Jed Morrison			
reet Address 2572 Brentwood Rd	Employer/Occup	ation/Labor Organization*	1 1 2 3 1 1 \$100.00
ity	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
ull Name of Contributor		:	Registration Number, if PAC
Zeiger, Tigges & Little LLP; c/o John Zeig	er		
reet Address 41 S High St	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 1 2 3 1 1 \$100.00
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
all Name of Contributor			Registration Number, if PAC
SSC PAC State of Ohio			CP878
reet Address 4300 E 5th Ave	Employer/Occup	pation/Labor Organization*	1 1 2 3 1 1 \$250.00
ty	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH _	43219	Check
all Name of Contributor Jerry Jordan		:	Registration Number, if PAC
reet Address 795 Old Woods Rd	Employer/Occup	pation/Labor Organization*	1 1 2 3 1 1 Amount \$250.00
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	Check
ull Name of Contributor Rodney Wasserstrom			Registration Number, if PAC
reet Address 2655 Sherwood Rd	Employer/Occup	oation/Labor Organization*	1 1 2 3 1 1 Amount \$250.00
ity Columbus	Sta tc OH	Zip Code 43209	Form (Cash, Check, etc.) Check
ull Name of Contributor Columbus Apartment Assn PAC			Registration Number, if PAC OH146
ireet Address 1225 Dublin Rd	Employer/Occup	pation/Labor Organization*	M D Y Amount \$250.00
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
ne individual's business, if any, rather than employe thor organization of which the employees are mem I in the boxes below only on the last page for this e ansfer the Total contributions for this event to form	er should be listed. If two or more bers, if any, must also appear. [l event.	re employees contribute via pa R.C. 3517,10(B)(4)]	utor is self-employed, the occupation and the name yroll deduction and exceed the aggregate of \$100, t ons from form No. 31-E" and list the date of the even
the date column			
otal contributions this event	Total expenditures this event.		
l l			Page Total \$ \$1,300.0