31-E R.C. 3517.10(B)

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

Event Date	11/29/11			
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\$1,450.00

	Prescribed by Secret	ary of State 03/05	
Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor	Registration Number, if PAC OH821		
Bricker & Eckler LLP; c/o Dave Baker			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
100 S Third St			1 2 0 2 1 1 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
Schottenstein, Zox & Dunn PAC			OH1310
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
250 West St	·		1 2 0 2 1 1 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
George Arnold		•	
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
3020 Dale Ave			1 2 0 2 1 1 \$125.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
John Hamlin			
Street Address	Employer/Occupation/Labor Organization*		M. D. Y Amount
21 W Broad St			1 2 0 2 1 1 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	Check
Full Name of Contributor			Registration Number, if PAC
John H Bates		· · · · · · · · · · · · · · · · · · ·	
Street Address 495 S High St	Employer/Occupation/Labor Organization®		1 2 0 2 1 1 Amount \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH _,	43215	Check
Full Name of Contributor George Arnold	-		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
3020 Dale Ave			1 2 0 2 1 1 \$125.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Čolumbus	OH	43209	Check
Full Name of Contributor Moody Nolan PAC	Registration Number, if PAC CP1154		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
300 Spruce St			1 2 0 2 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
* Required for contributions from individuals over \$10 the individual's business, if any, rather than employers labor organization of which the employees are membe	0 to statewide and General A hould be listed. If two or mo	ore employees contribute via pa	outor 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 even Transfer the Total contributions for this event to form N in the date column	ent. o. 31-A. Under Full Name o	f Contributor state "Contributi	ions from form No. 31-E" and list the date of the event
Total contributions this quart		Total expenditures this	event.
Total contributions this event			<u> </u>
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