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	_
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lame of Committee in Full Citizens for Mingo			
Full Name of Contributor Casto Family Funding LLC; c/o Don Casto	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
treet Address 191 W Nationwide Blvd	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 2 5 1 2 \$500.00
Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
full Name of Contributor Jeffery Feinman			Registration Number, if PAC
treet Address 5247 Longrifle Rd	Employer/Occupation/Labor Organization*		0 6 1 1 1 2 Amount \$1,000.00
Westerville	Sta te OH	Zip Code 43081	Form (Cash, Check, etc.) Check
iull Name of Contributor Bricker & Eckler LLP PAC			Registration Number, if PAC OH821
treet Address 100 S Third St	Employer/Occupation/Labor Organization*		0 6 1 1 1 2 \$1,000.00
ity Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
full Name of Contributor Crabbe, Brown & James; c/o Larry James	_		Registration Number, if PAC
treet Address 500 S Front St	Employer/Occupation/Labor Organization*		0 6 1 1 1 2 Amount \$1,000.00
ity Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
full Name of Contributor John Haueisen			Registration Number, if PAC
treet Address 587 Fox Ln	Employer/Occupation/Labor Organization*		0 6 1 1 1 2 Amount \$50.00
Worthington	OH Sta' te	Zip Code 43085	Form (Cash, Check, etc.) Check
full Name of Contributor Benesch, Friedlander, Coplan & Aronoff; c/o	James Ervin		Registration Number, if PAC
treet Address 41 S High St	Employer/Occupation/Labor Organization*		0 6 1 1 1 2 Amount \$500.00
Columbus	OH State	Zip Code 43215	Form (Cash, Check, etc.) Check
ull Name of Contributor Steven Boone		Registration Number, if PAC	
treet Address 1780 Welsh Hills Rd		pation/Labor Organization*	0 6 1 1 1 2 Amount \$2,500.00
Granville	Sta te OH	Zip Code 43023	Form (Cash, Check, etc.) Check
Required for contributions from individuals over \$100 he individual's business, if any, rather than employer shabor organization of which the employees are members. If in the boxes below only on the last page for this event ansfer the Total contributions for this event to form No.	ould be listed. If two or moi , if any, must also appear. [I t.	re employees contribute via pa R.C. 3517.10(B)(4)]	yroll deduction and exceed the aggregate of \$100, t
the date column otal contributions this event		Total expenditures this e	event.
- Controlled the Cycle		S. S	\$6,550.0