31-E R.C. 3517,10(B)

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

Event Date_ 8/14/13	
Page 31	

\$6,150.00

Page Total \$

	Prescribed by Secre	tary of State 03/05		
Name of Committee in Full				
Citizens for Mingo				
Full Name of Contributor			Registration Number, if PAC COO165589	
Huntington Bancshares PAC				
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M D Y Amount	
-			0 8 1 6 1 3 \$1,000.00	
City Columbus	Sta; te OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Bricker & Eckler LLP PAC			OH821	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
100 S Third St			0 8 1 6 1 3 \$1,000.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor	· -		Registration Number, if PAC	
Harold Keller				
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
543 Greenglade Ave			0 8 1 6 1 3 \$1,000.00	
City Worthington	State	Zip Code	Form (Cash, Check, etc.) Check	
Full Name of Contributor	ОН	43085		
Il Name of Contributor Pizzuti PAC		Registration Number, if PAC OH1260		
Street Address			M D Y Amount	
Two Miranova PI	Employer/Occupation/Labor Organization*		0 8 1 6 1 3 \$1,000.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor Vince Romanelli			Registration Number, if PAC	
Street Address 148 W Schrock Rd	Employer/Occupation/Labor Organization*		0 8 1 7 1 3 Amount \$1,000.00	
City	Sta' te	Zip Code	Form (Cash, Check, etc.)	
Westerville	ОН	43081	Check	
Full Name of Contributor Strategic Public Partners PAC			Registration Number, if PAC COO499343	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		0 8 1 7 1 3 \$1,000.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH "	43215	Check	
Full Name of Contributor Brian Barnes			Registration Number, if PAC	
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
4077 Delancy Park Dr			0 8 1 7 1 3 \$150.00	
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Required for contributions from individuals over \$10 the individual's business, if any, rather than employers labor organization of which the employees are member fill in the boxes below only on the last page for this ever	should be listed. If two or mo rs, if any, must also appear. [i ent.	re employees contribute via pa R.C. 3517.10(B)(4)]	yroll deduction and exceed the aggregate of \$100, the	
Transfer the Total contributions for this event to form N in the date column	o. 31-A. Under Full Name of	Contributor state "Contributio	ons from form No. 31-1:" and list the date of the event	
Total contributions this event	Total expenditures this event.			