31-E R.C. 3517.10(B)

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

Event Date 8/14/13	
Page 2-3	_

\$6,800.00

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
Laural Flanagan			
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
710 Woods Hollow Ln			0 8 0 9 1 3 \$600.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	Check
Full Name of Contributor			Registration Number, if PAC
John Royer			_
Street Address	Employer/Occur	pation/Labor Organization*	M D Yi Amount
1480 Dublin Rd	i.m.p.oyunovuq	on organization	0 8 0 9 1 3 \$200.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor		40210	Registration Number, if PAC
Jameson Crane			Registration Number, if FAC
Street Address			
500 S Parkview Ave	Employer/Occup	pation/Labor Organization*	M D Y Amount
			0 8 0 9 1 3 \$1,000.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
Doug Borror			
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
600 Stonehenge Pkwy			0 8 0 9 1 3 \$1,000.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	l OH	43016	Check
Full Name of Contributor			Registration Number, if PAC
VSSP Advocates for Effective Governme	nt		OH108
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
52 E Gay St			0 8 0 9 1 3 \$2,500.00
City	Sta'te	Zip Code	Form (Cash, Check, etc.)
Columbus	он	43215	Check
Full Name of Contributor	<u></u>	. 1	Registration Number, if PAC
Wholesale Beer & Wine PAC			CP127
Street Address			M D Yi Amount
37 W Broad St	Employer/Occup	pation/Labor Organization*	0 8 0 9 1 3 \$1,000.00
P.L.	Carles Carles	7: 0.1.	
City Columbus	OH State	Zip Code 43215	Form (Cash, Check, etc.)
	011	T0210	•
Full Name of Contributor Baker & Hostetler PAC			Registration Number, if PAC OH125
			011125
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
3200 National City Center			0 8 0 9 1 3 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Cleveland	OH	44114	Check
Required for contributions from individuals over \$ the individual's business, if any, rather than employe labor organization of which the employees are mem Fill in the boxes below only on the last page for this e Transfer the Total contributions for this event to form	er should be listed. If two or mor bers, if any, must also appear. {I	re employees contribute via pa R.C. 3517.10(B)(4)]	syroll deduction and exceed the aggregate of \$100
in the date column			
Total contributions this event		Total expenditures this	event
		. om, expenditures this	
		1	