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 1/22/13	\neg
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Citizens for Mingo Full Name of Contributor			Registration Number, if PAC	
Tim McGrath				
Street Address 5305 Rocky Creek Dr	Employer/Occup	oation/Labor Organization*	0 1 0 8 1 3 Amount \$100.00	
City Grove City	Staj te OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
John Haueisen				
Street Address 587 Fox Ln	Employer/Occup	pation/Labor Organization*	M D Y Amount 550.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Worthington	ОН	43085	Check	
Full Name of Contributor William Fennell			Registration Number, if PAC	
Greet Address 943 Norway Dr	Employer/Occup	nation/Labor Organization*	M D Y Amount 0 1 0 8 1 3 \$25.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43221	Check	
Full Name of Contributor Erik Yassenoff			Registration Number, if PAC	
Greet Address 1990 Hampshire Rd	Employer/Occup	pation/Labor Organization*	M D Y Amount 0 1 0 8 1 3 \$250.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43221	Check	
Full Name of Contributor Jed Morison			Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occup	nation/Labor Organization*	0 1 0 8 1 3 Amount \$100.00	
City Columbus	Sta' te	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Skestos		_	Registration Number, if PAC	
Street Address 31 S Columbia Ave	Employer/Occup	pation/Labor Organization*	0 1 0 8 1 3 Amount \$250.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.) Check	
Bexley	ОН	43209		
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
itreet Address 1093 Fountain Ln	Employer/Occup	pation/Labor Organization*	0 1 0 8 1 3 Amount \$100.00	
City Columbus	Staj te OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
City	\$100 to statewide and General Aster should be listed. If two or moinbers, if any, must also appear. {If event.	43213 ssembly candidates. If contribute employees contribute via para. R.C. 3517.10(B)(4)]	Form (Cash, Check, etc.) Check utor is self-employed, the occupation and the name yroll deduction and exceed the aggregate of \$100	
otal contributions this event		Total expenditures this e	event.	
		[**************************************]	
1		L	Page Total \$ \$875.	