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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Name of Committee in Full Citizens for Mingo			**************************************
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Stan Collins			
Street Address 423 Hickory Ln	Employer/Occup	nation/Labor Organization*	M D Y Amount 0 7 2 8 1 2 \$450.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
H Lee Thompson			
treet Address 2727 Bellero Way	Employer/Occup	nation/Labor Organization*	M D Y Amount 0 7 2 8 1 2 \$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	Check
full Name of Contributor James Bage			Registration Number, if PAC
Greet Address 2226 Yelllow Pine Ave	Employer/Occup	nation/Labor Organization*	0 7 3 1 1 2 Amount \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43229	Check
Full Name of Contributor Karen Pettiford			Registration Number, if PAC
treet Address 7858 Burrwood St	Employer/Occup	pation/Labor Organization*	0 7 3 1 1 2 Amount \$150.00
Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check
Full Name of Contributor Izrath Sameem			Registration Number, if PAC
Street Address 5398 Aubrey Loop	Employer/Occup	oation/Labor Organization*	0 7 3 1 1 2 Amount \$150.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check
Full Name of Contributor Huntington Bancshares PAC			Registration Number, if PAC COO165589
treet Address 41 S High St	Employer/Occup	nation/Labor Organization*	0 8 0 4 1 2 Amount \$1,000.00
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
full Name of Contributor Harris, McClellan, Binau & Cox; c/o Dan Bina	au		Registration Number, if PAC
treet Address 37 W Broad St	Employer/Occup	nation/Labor Organization*	0 8 0 9 1 2 Amount \$600.00
ity Columbus	Stal to OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Columbus Full Name of Contributor Harris, McClellan, Binau & Cox; c/o Dan Bina Street Address 37 W Broad St City Columbus Required for contributions from individuals over \$100 the individual's business, if any, rather than employer sh labor organization of which the employees are members will in the boxes below only on the last page for this even	Employer/Occup State OH to statewide and General Assoluted be listed. If two or more, if any, must also appear. [Fort.]	ation/Labor Organization* Zip Code	Check Registration Number, if PAC M D Y S Amount \$600.00 Form (Cash, Check, etc.) Check Attor is self-employed, the occupation and the reground deduction and exceed the aggregate of \$100.00
ransfer the Total contributions for this event to form No n the date column	. 31-A. Under Full Name of	Contributor state "Contributio	ns from form No. 31-E° and list the date of the e
otal contributions this event	Total expenditures this event.		
		l	Page Total \$ \$2,575.0