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	7/29/10	
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Citizens for Mingo			
all Name of Contributor			Registration Number, if PAC
Ohio Merchants Committee			CP322
eet Address 50 W Broad St	Employer/Occupation/Labor Organization*		M D Y Amount 0 7 0 2 1 0 \$600.00
ry Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC •
Baker & Hostetler LLP PAC			OH125
eet Address 3200 National City Center	Employer/Occupation/Labor Organization*		0 7 0 2 1 0 \$500.00
ty	Sta te	Zip Code	Form (Cash, Check, etc.)
Cleveland	OH	44114	Check
all Name of Contributor			Registration Number, if PAC
Columbus Realty Investments Ltd			
ren Address 191 W Nationwide Blvd	Employer/Occupation/Labor Organization*		M D Y Amount \$250.00
ty	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
all Name of Contributor			Registration Number, if PAC
Don Casto			
ret Address 191 W Nationwide Blvd	Employer/Occupation/Labor Organization*		M D Y Amount
191 W Nadottwide Blvd	Sta'ta	7:- Codo	0 7 0 2 1 0 \$250.00
Columbus	Staj te OH	Zip Code 43215	Form (Cash, Check, etc.)
Il Name of Contributor	<u> </u>	43213	Registration Number, if PAC
Steven Boone			registration (value), it is
eet Address	Employer/Occupation/Labor Organization*		M D Y Amount
1780 Welsh Hills Rd	Sample of the same		0 7 0 2 1 0 \$500.00
ty	Sta te	Zip Code	Form (Cash, Check, etc.)
Granville	ОН	43023	Check
ull Name of Contributor Allen Shepherd			Registration Number, if PAC
eet Address 6295 Cosgray Rd	Employer/Occupation/Labor Organization*		0 7 0 2 1 0 Amount \$500.00
ty Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check
ill Name of Contributor James Bownas			Registration Number, if PAC
^{eet Address} 2245 Victoria Park Dr	Employer/Occupation/Labor Organization*		0 7 0 2 1 0 Amount \$250.00
Columbus	Stalie OH	Zip Code 43235	Form (Cash, Check, etc.) Check
equired for contributions from individuals over \$100 e individual's business, if any, rather than employer she bor organization of which the employees are members, in the boxes below only on the last page for this event insfer the Total contributions for this event to form No. he date column	ould be listed. If two or more, , if any, must also appear. [R	e employees contribute via pay k.C. 3517.10(B)(4)]	rroll deduction and exceed the aggregate of \$100, I
tal contributions this event	Total expenditures this event.		
		,	
		L	Page Total \$ \$2,850.0