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 3/23/10	
Page 14	

Registration Number, if PAC	Name of Committee in Full Citizens for Mingo			
Sta te	Full Name of Contributor			Registration Number, if PAC
Sta te	Dorothy Teater			
Check Registration Number, if PAC	Street Address 3272 Cleeve Hill	Employer/Occup	oation/Labor Organization*	1 1 1 8
Employer/Occupation/Labor Organization*	City		1 "	
Employer/Occupation/Labor Organization*	Dublin	UH	43017	
Sta te	Full Name of Contributor Thomas Flesch			Registration Number, if PAC
Sta te	Thomas riescn			M D V Amount
Sta te	595 Cardinal Hill Ln	Employer/Occup	oation/Labor Organization*	1
Employer/Occupation/Labor Organization*	City	Sta te	Zip Code	
Employer/Occupation/Labor Organization*	Powell	ОН	-	
Sta te Zip Code Check Check	Full Name of Contributor			Registration Number, if PAC
Sta te Zip Code Check Check	Robert Williams			
Sta te	treet Address	Employer/Occup	pation/Labor Organization*	
Employer/Occupation/Labor Organization*	7188 Pebble Way Ct			
Employer/Occupation/Labor Organization*	Sity		1 -	· · · · · · · · · · · · · · · · · · ·
Employer/Occupation/Labor Organization*	Worthington	OH	43235	THE SECOND STATE OF THE SE
Sta te Zip Code Form (Cash, Check, etc.) Check	Full Name of Contributor			Registration Number, if PAC
Sta te Zip Code Form (Cash, Check, etc.) Check	William Fennell			M D V 4
Sta te	1042 Norwey Dr	Employer/Occup	pation/Labor Organization*	
Check Registration Number, if PAC	943 Norway Dr	State	Zin Code	
Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*	ity Columbus	ł	-	
Employer/Occupation/Labor Organization*	Cull Name of Contributor	<u> Un</u>	TOLL	<u> </u>
Sta te OH A3074 Form (Cash, Check, etc.) Check	John Blommel			
State	Street Address	Employer/Occur	pation/Labor Organization*	
Check Registration Number, if PAC	9012 Kilbourne Rd			0 3 2 4 1 0 \$100.00
Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*	City			
Employer/Occupation/Labor Organization*	Sunbury	OH	43074	Check
Sta te OH Zip Code	Full Name of Contributor Ed Overmyer			Registration Number, if PAC
OH 43220 Check Employer/Occupation/Labor Organization* Registration Number, if PAC M D Y 0 3 2 4 1 0 \$100.00	Street Address 2245 North Bank Dr	Employer/Occu	pation/Labor Organization*	
Registration Number, if PAC Employer/Occupation/Labor Organization* M D Y Amount 0 3 2 4 1 0 \$100.00				
Employer/Occupation/Labor Organization* M D Y Amount 0 3 2 4 1 0 \$100.00	Columbus	UH	43220	
0 3 2 4 1 0 \$100.00	rull Name of Contributor Matt Borges	A MARKACO CONTROL CONT		
Sta te Zip Code Form (Cash, Check, etc.)	Greet Address 259 Preston Rd	Employer/Occu	pation/Labor Organization*	0 3 2 4 1 0 \$100.00
OH 43209 Check	City Columbus	Sta te OH	Zip Code 43209	Form (Cash, Check, etc.) Check
	Full Name of Contributor Ed Overmyer Street Address 2245 North Bank Dr City Columbus Full Name of Contributor Matt Borges Street Address 259 Preston Rd City Columbus * Required for contributions from individuals over \$10t the individual's business, if any, rather than employer s	Employer/Occup Sta te OH Employer/Occup Sta te OH to statewide and General A chould be listed. If two or more	pation/Labor Organization* Zip Code 43220 pation/Labor Organization* Zip Code 43209 ssembly candidates. If contribute employees contribute via pay	Registration Number, if PAC M D Y Amount \$100.0 Form (Cash, Check, etc.) Check Registration Number, if PAC M D Y Amount \$100.0 Form (Cash, Check, etc.) Check ttor is self-employed, the occupation and
	ll in the boxes below only on the last page for this ever ansfer the Total contributions for this event to form No the date column	nt. o. 31-A, Under Full Name of	Contributor state "Contributio	ns from form No. 31-E" and list the date of the ev
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ge for this event. ent to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the ev Total expenditures this event.	'			
ent to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the ev	, 1			\$660.0
ent to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event.			L	Page Total \$