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 11/29/11	٦
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Citizens for Mingo			
Full Name of Contributor John Haueisen		•	Registration Number, if PAC
itreet Address 587 Fox Ln	Employer/Occup	oation/Labor Organization*	M D Y Amount 1 1 2 3 1 1 \$10.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	Check
ull Name of Contributor		1	Registration Number, if PAC
Michael Gonsiorowski			
treet Address	Employer/Occup	nation/Labor Organization*	M D Y Amount
2666 Brentwood Rd			1 1 2 3 1 1 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley	OH	43209	Check
full Name of Contributor		1	Registration Number, if PAC
James Bownas		· 	
street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
2245 Victoria Park Dr			1 1 2 3 1 1 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	Check
Full Name of Contributor		*	Registration Number, if PAC
William Fennell			No. 1
treet Address	Employer/Occup	pation/Labor Organization*	M D Y Amount 1 1 2 3 1 1 \$50.00
943 Norway Dr		lar C-A-	1112101111
Columbus	Starte	Zip Code	Form (Cash, Check, etc.) Check
Columbus	OH	43221	
Full Name of Contributor Terrence Gallagher		,	Registration Number, if PAC
treet Address	Employer/Occu	pation/Labor Organization*	M D Y Amount
6225 S Old 3C Hwy		ı	1 1 2 3 1 1 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43082	Check
Full Name of Contributor Jeffery Feinman		:	Registration Number, if PAC
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount
5247 Longrifle Rd		ij	1 1 2 3 1 1 \$250.00
City	Sta' te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH,	43081	Check
Full Name of Contributor	<u> </u>		Registration Number, if PAC
Doug Anderson		·	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount
2525 Wimbledon Rd			1 1 2 3 1 1 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	Check
Required for contributions from individuals over \$\frac{1}{2}\$ the individual's business, if any, rather than employed labor organization of which the employees are member ill in the boxes below only on the last page for this event to form	r should be listed. If two or mo pers, if any, must also appear. [vent.	re employees contribute via pa; R.C. 3517.10(B)(4)]	yroll deduction and exceed the aggregate of \$100,
n the date column			
Total contributions this event	Total expenditures this event.		
			1
		'	
1			Page Total \$ \$1,210.0