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_ 1/20/10
Page	23

lame of Committee in Full				
Citizens for Mingo				
Full Name of Contributor Chuck Bluestone			Registration Number, if PAC	
treet Address	Employar/Occup	ation/Labor Organization*	M D Y Amount	
7485 Tottenham Pl	Employer/Occupation/Labor Organization*		0 1 2 0 1 0 \$500.00	
^{City} New Albany	Sta te OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor	1 011		Registration Number, if PAC	
Jim Bownas				
treet Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
2245 Victoria Park Dr			0 1 2 0 1 0 \$250.00	
city Columbus	Sta te OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor	1 On	40200	Registration Number, if PAC	
Andy Ferris				
treet Address	Employer/Occup	oation/Labor Organization*	M D Y Amount	
3941 Fairlington Dr			0 1 2 0 1 0 \$250.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43220	Check	
Full Name of Contributor Geoff Hatcher			Registration Number, if PAC	
Greet Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
1013 Clubview Blvd	Employer/Occup	Addividuodi Organization	0 1 2 0 1 0 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43235	Check	
Full Name of Contributor Richard Hillis			Registration Number, if PAC	
Greet Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
17 S High St			0 1 2 0 1 0 \$250.00	
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Johnson			Registration Number, if PAC	
Street Address	Employer/Occur	oation/Labor Organization*	M D Y Amount	
501 S High St	Z.mp.oj en o uuq	January Caganamana	0 1 2 0 1 0 \$100.00	
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Patrick Kelley	Registration Number, if PAC			
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
2712 Bexley Park Rd	Zimpio y esi e e e e		0 1 2 0 1 0 \$250.00	
City Columbus	Sta te	Zip Code 43209	Form (Cash, Check, etc.) Check	
	OH			
Required for contributions from individuals over \$100 to the individual's business, if any, rather than employer shoulabor organization of which the employees are members, in the contribution of the contrib	ald be listed. If two or mor	e employees contribute via pa	itor is self-employed, the occupation and the name yroll deduction and exceed the aggregate of \$100, t	
ill in the boxes below only on the last page for this event. ransfer the Total contributions for this event to form No. 3 the date column	1-A. Under Full Name of	Contributor state "Contribution	ns from form No. 31-E" and list the date of the even	
otal contributions this event	Total expenditures this event.			
'				
			Page Total \$ \$1,700.0	