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_ 10/2/14	
Page 7615	_

Citizens for Mingo			
ull Name of Contributor Rodney Wasserstrom			Registration Number, if PAC
ireet Address	Employer/Occupation/Labor Organization*		M D Y Amount
290 N Parkview			1 0 0 6 1 4 \$250.00
ity	Sta te	Zip Code 43209	Form (Cash, Check, etc.)
Bexley	OH	43209	Check
ull Name of Contributor			Registration Number, if PAC
Laurence Ruben	In 1 (1)		M D Yı Amount
140 S Columbia Ave	Employer/Occup	ation/Labor Organization*	1 0 0 6 1 4 \$100.00
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley	OH	43209	Check
ull Name of Contributor			Registration Number, if PAC
Mary Ann Harachis			
reet Address	Employer/Occupation/Labor Organization*		M D Y Amount
758 Francis Ave			1 0 0 6 1 4 \$100.00
ity	Stalte	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43209	Check
ull Name of Contributor			Registration Number, if PAC
Mark Pottschimdt			
treet Address	Employer/Occup	oation/Labor Organization*	M D Y Amount 1 0 0 6 1 4 \$250.00
2048 Wickford Rd		la: o t	1101010
ty	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
full Name of Contributor Keith Stevens			Registration Number, if PAC
treet Address	Employer/Occupation/Labor Organization*		M D Y Amount
1620 E Broad St			1 0 1 0 1 4 \$125.00
lity	Sta` te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43203	Check
full Name of Contributor John Brandt	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
treet Address	Employer/Occupation/Labor Organization*		M D Y Amount
5187 Smothers Rd		-	1 0 1 0 1 4 \$25.00
lity	Sta`te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH,	43081	Check
Full Name of Contributor	<u>-</u>	· .	Registration Number, if PAC
Jed Morison			
treet Address 2572 Brentwood Rd	Employer/Occur	pation/Labor Organization*	M D Y Amount 1 0 1 0 1 4 \$100.00
	Sta to	Zip Code	Form (Cash, Check, etc.)
city Columbus	OH	43209	Check
Required for contributions from individuals over \$1 the individual's business, if any, rather than employed labor organization of which the employees are membered in the boxes below only on the last page for this evant to form	00 to statewide and General A r should be listed. If two or mo bers, if any, must also appear. [re employees contribute via pa R.C. 3517.10(B)(4)]	syroll deduction and exceed the aggregate of \$100,
n the date column			
l'otal contributions this event	Total expenditures this event.		
		1 .	Page Total \$ \$950.0