

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Nationwide Insurance PAC			Registration Number, if PAC COOO76174	
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 1 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Magnuson & Barone; c/o Joe Barone			Registration Number, if PAC	
Street Address 570 Polaris Parkway	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 1 2	Amount \$1,000.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Donald Shackelford			Registration Number, if PAC	
Street Address 21 E State St	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 1 2	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Royer			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 1 2	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Fennell			Registration Number, if PAC	
Street Address 943 Norway Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Curtis			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Brandt			Registration Number, if PAC	
Street Address 5187 Smothers Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 1 6 1 2	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ **\$3,450.00**