

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Rodney Wasserstrom</b>			Registration Number, if PAC	
Street Address <b>2655 Sherwood Rd</b>	Employer/Occupation/Labor Organization*		M 0	D 4
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Y 2	Amount <b>\$600.00</b>
Form (Cash, Check, etc.) <b>Check</b>			1	1
Full Name of Contributor <b>Edward Carey</b>				
Street Address <b>140 E Town St</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 4	Amount <b>\$200.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y 2	1
Form (Cash, Check, etc.) <b>Check</b>			1	1
Full Name of Contributor <b>Joe Barone</b>				
Street Address <b>570 Polaris Parkway</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 4	Amount <b>\$1,000.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Y 2	1
Form (Cash, Check, etc.) <b>Check</b>			1	1
Full Name of Contributor <b>Columbus Apartment Assn</b>				
Street Address <b>1225 Dublin Rd</b>			Registration Number, if PAC <b>OH146</b>	
Employer/Occupation/Labor Organization*		M 0	D 4	Amount <b>\$600.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y 2	1
Form (Cash, Check, etc.) <b>600.00</b>			1	1
Full Name of Contributor <b>Don Shackelford</b>				
Street Address <b>21 E State St</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 4	Amount <b>\$600.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y 2	1
Form (Cash, Check, etc.) <b>Check</b>			1	1
Full Name of Contributor <b>Tom Mosure</b>				
Street Address <b>4318 Tavistock Circle</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 5	Amount <b>\$150.00</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Y 0	2
Form (Cash, Check, etc.) <b>Check</b>			1	1
Full Name of Contributor <b>Motorists Mutual Insurance Fund</b>				
Street Address <b>471 E Broad St</b>			Registration Number, if PAC <b>COO336834</b>	
Employer/Occupation/Labor Organization*		M 0	D 5	Amount <b>\$600.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y 0	2
Form (Cash, Check, etc.) <b>Check</b>			1	1

\* 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 \$ **\$3,750.00**