

# 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>Mark Corna</b>			Registration Number, if PAC	
Street Address <b>2101 Abbotsford Green Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>2</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Y <b>2</b>	Amount <b>\$300.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Lumpe &amp; Raber; c/o David Raber</b>			Registration Number, if PAC	
Street Address <b>37 W Broad St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>\$300.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Thomas Brandt</b>			Registration Number, if PAC	
Street Address <b>5299 Courtney Pl</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Thomas Taneff</b>			Registration Number, if PAC	
Street Address <b>250 Civic Center Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>\$300.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Don Shackelford</b>			Registration Number, if PAC	
Street Address <b>21 E State St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>2</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>\$300.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Robert Werth</b>			Registration Number, if PAC	
Street Address <b>4527 Tavistock Circle</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>2</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Y <b>2</b>	Amount <b>\$150.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Joel Rhoades</b>			Registration Number, if PAC	
Street Address <b>5975 S Section Line Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>2</b>
City <b>Delaware</b>	State <b>OH</b>	Zip Code <b>43015</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				

\* 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 \$ **\$1,500.00**