

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo									
Full Name of Contributor Andrew Showe						Registration Number, if PAC			
Street Address 5255 Hampton Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43220		M 1	D 0	Y 2	Y 7	Amount \$500.00
Full Name of Contributor Mark Corna						Registration Number, if PAC			
Street Address 10153 Chelton Wood			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell		State OH	Zip Code 43065		M 1	D 0	Y 2	Y 7	Amount \$250.00
Full Name of Contributor Joshua Corna						Registration Number, if PAC			
Street Address 2375 Andover Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 1	D 0	Y 2	Y 7	Amount \$250.00
Full Name of Contributor Recovery PAC						Registration Number, if PAC COO442277			
Street Address 182 E North Broadway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43214		M 1	D 0	Y 2	Y 7	Amount \$250.00
Full Name of Contributor Sharon Bibbee						Registration Number, if PAC			
Street Address 5715 Middlefield Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) EFT		
City Columbus		State OH	Zip Code 43235		M 1	D 0	Y 3	Y 0	Amount \$50.00
Full Name of Contributor Franklin County Republican Party						Registration Number, if PAC			
Street Address 14 E Gay St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 3	Y 1	Amount \$3,000.00
Full Name of Contributor Jagdish Davda						Registration Number, if PAC			
Street Address 940 Vauxhill Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) EFT		
City Powell		State OH	Zip Code 43065		M 1	D 1	Y 0	Y 1	Amount \$200.00
Full Name of Contributor Karin Andres						Registration Number, if PAC			
Street Address 1557 Lafayette Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43220		M 1	D 1	Y 0	Y 8	Amount \$20.00

* 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)]

Page Total **\$4,520.00**