

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 George McCue				Registration Number, if PAC	
Street Address 4598 Bridle Path Ln	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor Suri Suresh				Registration Number, if PAC	
Street Address 4777 Aberdeen Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor John Johnson				Registration Number, if PAC	
Street Address 99 N Brice Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Naresh Patel				Registration Number, if PAC	
Street Address 264 Olentangy Ridge Pl	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Bipinchandra Desai				Registration Number, if PAC	
Street Address 10244 Windsor Way	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Kimberly Comisar				Registration Number, if PAC	
Street Address 4000 farber Ct	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Nirmal Sinha				Registration Number, if PAC	
Street Address 6470 Meadowbrook Circle	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		Amount \$150.00

* 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)]

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 slate "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 \$ **\$1,600.00**