



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Mingo				
Full Name of Contributor Joseph Bolzenius			Registration Number, if PAC	
Street Address 2400 Pearson Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/18/2018	Amount 50.00
Full Name of Contributor Sunil Sharma			Registration Number, if PAC	
Street Address 8281 Aurora Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Lewis Center	State OH	Zip Code 43035	Date (MM/DD/YYYY) 10/18/2018	Amount 150.00
Full Name of Contributor Mukesh Rangwani			Registration Number, if PAC	
Street Address 4177 Belmont Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 10/18/2018	Amount 150.00
Full Name of Contributor Ferzan Ahmed			Registration Number, if PAC	
Street Address 8922 Coldwater Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 10/18/2018	Amount 100.00
Full Name of Contributor Roger Blackwell			Registration Number, if PAC	
Street Address 1738 Fishinger Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/18/2018	Amount 100.00

*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)]