

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

Prescribed by Secretary of State 03/05

Event Date 9/13/14

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Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Shalini Gupta			Registration Number, if PAC	
Street Address 7776 Tripoli Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor S Agarwal			Registration Number, if PAC	
Street Address 2520 Stonehaven Pl	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Beth Carman			Registration Number, if PAC	
Street Address 2408 Lark Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Edward Newbold			Registration Number, if PAC	
Street Address 8632 Cadet Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$50.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Check	
Full Name of Contributor Aniga Mooers			Registration Number, if PAC	
Street Address 900 Bluff Ridge Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Angelica Misa			Registration Number, if PAC	
Street Address 386 Benedetti Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Hsieh			Registration Number, if PAC	
Street Address 4299 Maystar Way	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 4	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	

* 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 \$ **\$400.00**