

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 Anubha Kulshrestha			Registration Number, if PAC	
Street Address 8089 Storrow Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville	State OH	Zip Code 43081	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Gautam Samadder			Registration Number, if PAC	
Street Address 3842 Lambton Pl	Employer/Occupation/Labor Organization*		M 0	D 9
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Nikesh Batra			Registration Number, if PAC	
Street Address 8325 Somerset Way	Employer/Occupation/Labor Organization*		M 0	D 9
City Dublin	State OH	Zip Code 43017	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Goga Bhattal			Registration Number, if PAC	
Street Address 7721 Slane Ridge Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Girish Dubey			Registration Number, if PAC	
Street Address 7807 Roberts Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor J S Jindal			Registration Number, if PAC	
Street Address P O Box 14830	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Total Employee Contributions From Form 31-G			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount \$100.00
Form (Cash, Check, etc.)				

* 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

\$950.00

Total expenditures this event.

\$0.00

Page Total \$ **\$550.00**