

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

Prescribed by Secretary of State 03/05

Event Date 10/1/14

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Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Sanjay Sadana			Registration Number, if PAC	
Street Address 8236 Chippenham Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount \$500.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Mira Satiani			Registration Number, if PAC	
Street Address 1564 Taylor Corners Cir	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount \$50.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Mifsud			Registration Number, if PAC	
Street Address 5511 Caplestone Ln	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount \$1,000.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Johnson			Registration Number, if PAC	
Street Address 4319 Vaux Link	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount \$500.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dilip Shah			Registration Number, if PAC	
Street Address 12685 Bentley Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount \$250.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bipinchandra Desai			Registration Number, if PAC	
Street Address 10244 Windsor Way	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount \$250.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Naresh Patel			Registration Number, if PAC	
Street Address 264 Olentangy Ridge	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount \$100.00
City Powell	State OH	Zip Code 43065	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 \$ **\$2,650.00**