

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 Nick Grewal				Registration Number, if PAC		
Street Address 10502 Brettridge Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check			
Full Name of Contributor Guatam Samadder				Registration Number, if PAC		
Street Address 99 N Brice Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Ranjan Manoranjan				Registration Number, if PAC		
Street Address 3935 Tarrington Ln	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Sanjay Sadana				Registration Number, if PAC		
Street Address 8236 Chippenham Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0	Amount \$1,000.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Milrui Samuel				Registration Number, if PAC		
Street Address 7708 Roxton Ct	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0	Amount \$500.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Cleveland Ave Center LLC; c/o Mervyn Samuel				Registration Number, if PAC		
Street Address 7953 Kennedy Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0	Amount \$750.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sulakshana Singh				Registration Number, if PAC		
Street Address 8612 Kirkhill Ct	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0	Amount \$100.00
City Dublin	State OH	Zip Code 43017	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 \$ **\$4,450.00**