

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 Jagdish Davda			Registration Number, if PAC	
Street Address 940 Vauxhill Ln	Employer/Occupation/Labor Organization*		M 0	D 7
City Powell	State OH	Zip Code 43065	Y 2	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lora Souza			Registration Number, if PAC	
Street Address P O Box 284	Employer/Occupation/Labor Organization*		M 0	D 7
City Galena	State OH	Zip Code 43021	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Amish Amin			Registration Number, if PAC	
Street Address 4202 Maystar Way	Employer/Occupation/Labor Organization*		M 0	D 7
City Hilliard	State OH	Zip Code 43026	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Susanta Chatterji			Registration Number, if PAC	
Street Address 1277 Slade Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43235	Y 2	Amount \$100.00
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 0	D 7
City Pickerington	State OH	Zip Code 43147	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lata Koneru			Registration Number, if PAC	
Street Address 4218 Penrith Ct	Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin	State OH	Zip Code 43016	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor S Das			Registration Number, if PAC	
Street Address 4790 Vista Ridge Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin	State OH	Zip Code 43017	Y 2	Amount \$100.00
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 \$ **\$750.00**