



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Mingo				
Full Name of Contributor Lora D'Souza			Registration Number, if PAC	
Street Address P O Box 284		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Galena	State OH	Zip Code 43021	Date (MM/DD/YYYY) 09/17/2018	Amount 250.00
Full Name of Contributor Jobs America PAC			Registration Number, if PAC COO554055	
Street Address 545 E Town St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/26/2018	Amount 1,500.00
Full Name of Contributor Donald Petit			Registration Number, if PAC	
Street Address 161 Alton Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 09/26/2018	Amount 1,000.00
Full Name of Contributor Nirmal Sinha			Registration Number, if PAC	
Street Address 6470 Meadowbrook Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 09/26/2018	Amount 200.00
Full Name of Contributor Sunisha Motaparathi			Registration Number, if PAC	
Street Address 9360 Nicholson Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/26/2018	Amount 100.00

*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)]