

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 Lee Smith			Registration Number, if PAC	
Street Address 929 Harrison Ave	Employer/Occupation/Labor Organization*		M 1 2 0 2 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sanjay Sudana			Registration Number, if PAC	
Street Address 8236 Chippenham Dr	Employer/Occupation/Labor Organization*		M 1 2 0 2 1 1	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Guy Reece II			Registration Number, if PAC	
Street Address 7191 Keystone Ranch Ct	Employer/Occupation/Labor Organization*		M 1 2 0 2 1 1	Amount \$100.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bipender Jindal			Registration Number, if PAC	
Street Address 1401 Kinnards Pl	Employer/Occupation/Labor Organization*		M 1 2 0 2 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lawrence Hilsheimer			Registration Number, if PAC	
Street Address 7278 Lambton Park Rd	Employer/Occupation/Labor Organization*		M 1 2 0 2 1 1	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Hillis			Registration Number, if PAC	
Street Address 17 S High St	Employer/Occupation/Labor Organization*		M 1 2 0 2 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Blommel			Registration Number, if PAC	
Street Address 9012 Kilbourne Rd	Employer/Occupation/Labor Organization*		M 1 2 0 2 1 1	Amount \$100.00
City Sunbury	State OH	Zip Code 43074	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 \$ **\$700.00**