



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Friends of Michelle Mineo						
Full Name of Contributor	Registration Number	er, if PAC				
General cash donations \$25 and under, multiple po	ersons					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
					cash	
City	State	Zip Code	Amount			
	он	43209	Date (MM/DI	10/21/2017	160.00	
Full Name of Contributes						
Full Name of Contributor				Registration Number	ei, ii PAC	
	т					
Street Address	Employer	/Occupation/Labor Or	Form (Cash, Check, etc.)			
	<u> </u>					
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
	ОН		(
Full Name of Contributor				Registration Number, if PAC		
				:		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	он					
Full Name of Contributor			L	Registration Number, if PAC		
Tail Name of Contabator		, togististis i		01,111,710		
Chroat Address	(Counation/Lohor Or	ranization*		Form (Cook Chock etc.)		
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
	<u>, </u>					
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	ОН					
Full Name of Contributor				Registration Number, if PAC		
Street Address Employer/Occupation/Labor (Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
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*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)]

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