



Statement of Contributions Received

Form 31-A

ORC	3517.10
00	0011.10

Full Name of Committee							
Citizens for Stephanie Mingo							
Full Name of Contributor Registra					gistration Number, if PAC		
Lonnie Miles (Immediate Family)							
Street Address	Employer/	Occupation/Labor Org	Form (Cash, Check, etc.)				
P O Box 834			Check				
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
Worthington	ОН	43085	02/27/2019		15,000.00		
Full Name of Contributor	ne of Contributor Registration Number						
Sandra Ford							
Street Address	Employer/	/Occupation/Labor Org	Form (Cash, Check, etc.)				
3515 35th St			Check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Canton	ОН	44705	02/28/2019		300.00		
₩ Name of Contributor Registration Number					er, if PAC		
Melanie Rosengard							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
709 34th St			Check				
City	State	Zip Code	Date (MM/D	D/YYY)	Amount		
Canton	ОН	44714	02/28/2019		200.00		
Full Name of Contributor	er, if PAC						
Dorothy Teater							
Street Address	Employer	Occupation/Labor On	Form (Cash, Check, etc.)				
3272 Cleeve Hill	Check						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Dublin	ОН	43017		06/21/2019	500.00		
Full Name of Contributor Registration Number					er, if PAC		
George Arnold							
Street Address	Employer	/Occupation/Labor On	Form (Cash, Check, etc.)				
3020 Dale Ave			Check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Columbus	OH	43209	06/28/2019		100.00		

Page Total 16,100.00

^{*}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)]