



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Mingo				
Full Name of Contributor Healthy Heart & Wellness Center LLC; c/o Manoj Kumar			Registration Number, if PAC	
Street Address 35 Glenluce Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Springboro	State OH	Zip Code 45066	Date (MM/DD/YYYY) 09/26/2018	Amount 100.00
Full Name of Contributor Raghu Reddy			Registration Number, if PAC	
Street Address 847 E 11th Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43211	Date (MM/DD/YYYY) 09/26/2018	Amount 100.00
Full Name of Contributor Peterson Connors LLP; c/o Susan Rector			Registration Number, if PAC	
Street Address 545 Metro Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/26/2018	Amount 250.00
Full Name of Contributor James Sicaras			Registration Number, if PAC	
Street Address 1955 Upper Chelsea Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/28/2018	Amount 500.00
Full Name of Contributor William Antonoplos			Registration Number, if PAC	
Street Address 75 E Gay St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/28/2018	Amount 250.00

*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)]

Page Total 1,200.00