



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for the Minerva Park charter				
Full Name of Contributor Evan Dicken			Registration Number, if PAC	
Street Address 5164 Lakeland Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY) 10/20/2019	Amount \$30
Full Name of Contributor Lynn Eisentrout			Registration Number, if PAC	
Street Address 2753 Wildwood		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY) 10/20/19	Amount \$100
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
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
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

*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)]