



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Citizens for Stephanie Mingo				
Full Name of Contributor Stephanie Mingo		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 4202 Stoneworks Pl		Description of Item or Service Food & Beverage; 5/15 Event		Date (MM/DD/YYYY) 05/15/2019
City New Albany		State OH	Zip Code 43054	Fair Market Value 75.00
		Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
		Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
		Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
		Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
		Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
		Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 \$ 75.00