



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Stephanie Mingo				
Full Name of Contributor Tim McGrath			Registration Number, if PAC	
Street Address 5305 Rocky Creek Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 06/28/2019	Amount 100.00
Full Name of Contributor Michael Yemc			Registration Number, if PAC	
Street Address 523 Kingsbury Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City Delaware	State OH	Zip Code 43015	Date (MM/DD/YYYY) 07/24/2019	Amount 300.00
Full Name of Contributor Angel Harris			Registration Number, if PAC	
Street Address 687 Manchester Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 07/30/2019	Amount 25.00
Full Name of Contributor Sara Walsh			Registration Number, if PAC	
Street Address 5618 Alston Grove Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 08/30/2019	Amount 50.00
Full Name of Contributor Jeff Kaplan			Registration Number, if PAC	
Street Address 7373 Christie Chapel Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/30/2019	Amount 25.00

*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 500.00