



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Stephanie Mingo				
Full Name of Contributor Dan Moncrief			Registration Number, if PAC	
Street Address 1324 E 18th Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43211	Date (MM/DD/YYYY) 09/30/2019	Amount 500.00
Full Name of Contributor Franklin County Republican Party			Registration Number, if PAC	
Street Address 15 N Fourth St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/04/2019	Amount 3,250.00
Full Name of Contributor Total Contributions From Form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY) 03/26/2019	Amount 6,620.00
Full Name of Contributor Total Contributions From Form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY) 05/15/2019	Amount 3,750.00
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)]