



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Stephanie Mingo				
Full Name of Contributor Dickinson Wright PLLC; c/o Bruce Converse			Registration Number, if PAC	
Street Address 150 E Gay St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/01/2019	Amount 100.00
Full Name of Contributor Monique Hall			Registration Number, if PAC	
Street Address 82 Green Mill		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 11/01/2019	Amount 75.00
Full Name of Contributor Kathy Alden			Registration Number, if PAC	
Street Address 1865 Upper Chelsea Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 11/05/2019	Amount 200.00
Full Name of Contributor Shiloh Todorov			Registration Number, if PAC	
Street Address 145 N High St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/06/2019	Amount 50.00
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)]

Page Total 425.00