



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Stephanie Mingo				
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43213	Date (MM/DD/YYYY) 08/30/2019	Amount 50.00
Full Name of Contributor Charles McClenaghan			Registration Number, if PAC	
Street Address 3956 Brown Park Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/30/2019	Amount 100.00
Full Name of Contributor Greg Barwell			Registration Number, if PAC	
Street Address 100 E Broad St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/12/2019	Amount 500.00
Full Name of Contributor James Coutinho			Registration Number, if PAC	
Street Address 2993 Collier Hill Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 09/16/2019	Amount 300.00
Full Name of Contributor Eric Girard			Registration Number, if PAC	
Street Address 4481 Hirth Hill Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/30/2019	Amount 500.00

*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 1,450.00