## **Contributors in Officeholder's Employ**

Prescribed by Secretary of State 2/01

Name of Committee in Full	<u> </u>	<del></del>	<u> </u>	
Citizens for Mingo				
Full Name of Contributor				
Amy Christman				
Street Address	•		M D Y Amount	
408 Siesta Dr			0 2 1 1 1 3 \$100.00	
City	Starte	Zip Code	Form (Cash, Check, etc.)	
Marion	ОН	43302	Check	
Full Name of Contributor				
Cindi Becker				
Street Address			M D Y Amount	
3046 Bretton Woods Dr		7:- 0-4-	0 2 1 1 1 3 \$100.00	
City	Staijte OH	Zip Code	Form (Cash, Check, etc.) Check	
Columbus Full Name of Contributor	On	43231	Cneck	
Barb Fisher				
Street Address			M D Y Amount	
2650 Sawmill Reserve Dr			0 3 1 9 1 3 \$50.00	
City	Stai te	Zip Code	Form (Cash, Check, etc.)	
Powell	OH	43065	Check	
Full Name of Contributor	<u></u>		*	
Total Employee Contributions From Page	41			
Street Address	<del></del>	<del> </del>	M D Y Amount	
Transferred to Form 31-E				
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor	<u> </u>	•		
Street Address			M D Y Amount	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor				
Street Address		<del></del>	M D Y Amount	
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
he above are employees of a unit or department under the direct supervision and control of			, who currently holds the public office	
O 4 A dis-	affirm that each contribution was w		·	

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from No. 31-G."

\$250.00
Page Total \$ \_\_\_\_\_