

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Citizens for Mingo				
Full Name of Contributor				
Tina Oliver				
Street Address			M D Y	Amount
110 W Dodridge St			0 3 2 4 1 0	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43202	Check	
Full Name of Contributor				
Sunny Cataland				
Street Address			M D Y	Amount
6889 Lott Rd			0 3 2 4 1 0	\$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Sunbury	OH	43074	Check	
Full Name of Contributor				
Michelle Merrick				
Street Address			M D Y	Amount
6454 Fox Hill Dr		Zip Code	0 3 2 4 1 0	\$50.00
City	Sta te	Form (Cash, Check, etc.)		
Canal Winchester	OH	43110	Check	
Full Name of Contributor				
Becky Reed				
Street Address			M D Y	Amount
3402 Richard Ave			0 3 2 4 1 0	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Grove City	OH	43123	Check	
Full Name of Contributor				
Charles Coleman				
Street Address			M D Y	Amount \$50.00
3263 Benbrook Pond Dr			0 3 2 4 1 0	φυυ.υυ
City	Sta te OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Hilliard	UII	43020	OHOOK	
Full Name of Contributor Todd Lilley				
Street Address 2852 Hampton Rd			0 3 2 4 1 0	Amount \$100.00
		[a: 6]		
City Columbus	OH State	Zip Code 43232	Form (Cash, Check, etc.) Check	
			TO TOOK	
The above are employees of a unit or department under the direct supervision and control of				
County Auditor				
of County Auditor I hereb	by affirm that each contribution was ve	oluntarily made.		

of County Auditor
. 1 hereby affirm that each contribution was voluntarily made.
(Signature of Treasurer or Deputy Treasurer)

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."

\$400.00
Page Total \$ _____