

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Barb Fisher							
Street Address 187 W Case St				M 0	D 3	Y 1	Amount \$35.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check				
Full Name of Contributor Michelle Merrick							
Street Address 6454 Fox Hill Dr				M 0	D 3	Y 1	Amount \$35.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) Check				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor <i>Total Employee Contributions From</i>							
Street Address <i>Pages 47 Through 52 Transferred To 31-A</i>				M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)				

The above are employees of a unit or department under the direct supervision and control of Clarence E. Mingo, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (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 form No. 31-G."

\$70.00

Page Total \$