

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Dave O'Neil				
Street Address 646 City Park Ave				M D Y Amount 1 0 2 3 1 3 \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Smith				
Street Address 5744 Blacks Rd				M D Y Amount 1 0 2 3 1 3 \$75.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barb Fisher				
Street Address 2650 Sawmill Reserve Dr				M D Y Amount 1 1 0 6 1 3 \$75.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Total Employee Contributions From Pages <u>53</u> Thru <u>58</u>				
Street Address Transferred to Form 31-E				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				
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 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."

\$200.00
Page Total \$