

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Julie Dixon							
Street Address 1402 Cascade Dr				M 0	D 3	Y 2	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check				
Full Name of Contributor Kimbol Stroud							
Street Address 947 Chara Ln				M 0	D 3	Y 2	Amount \$50.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check				
Full Name of Contributor Tabitha Davis							
Street Address 3486 Addison Pl				M 0	D 3	Y 2	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check				
Full Name of Contributor Barb Fisher							
Street Address 187 W Case Rd				M 0	D 3	Y 2	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check				
Full Name of Contributor Gary Haynes							
Street Address 5335 Ulry Rd				M 0	D 3	Y 2	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check				
Full Name of Contributor Marj Kruse							
Street Address 1733 White Rd				M 0	D 3	Y 2	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check				

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."

\$450.00

Page Total \$ _____