

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full	<u> </u>	 	
Citizens for Mingo			
Full Name of Contributor			
Michelle Click			
Street Address			M D Y Amount
8071 Artisan Way			0 8 2 6 1 0 \$50.00
City	Sta tc	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Full Name of Contributor			
Cindi Becker			
Street Address			M D Y Amount
3046 Bretton Woods Dr			0 8 2 6 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43231	Check
Full Name of Contributor			
Chuck Coleman			
Street Address			M D Y Amount
3263 Benbrook Pond Dr			0 8 2 6 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Check
Full Name of Contributor			
George Mance			
Street Address			M D Y Amount
3741 Kinsey Dr			0 8 2 6 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43224	Check
Full Name of Contributor Kimbol Stroud			
<u></u>			V D V
Street Address 947 Chara Ln			0 8 2 6 1 0 \$50.00
	Sta te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43240	Check
Full Name of Contributor Tony Frissora		<u> </u>	
Street Address	<u></u>		M D Y Amount
520 Preservation Ln			0 8 2 6 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Gahanna	ОН	43230	Check
The above are employees of a unit or department under the	, who currently holds the public office		
of County Auditor	by affirm that each contribution was vo	luntarily made.	
$\overline{O}O/\overline{I}$	ature 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."

\$350.00
Page Total \$