

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Stan Dixon				
Street Address 1852 Marrose Dr				
City Lancaster	State OH	Zip Code 43130	M 0 D 3 Y 1 0	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Chris Holdrieth				
Street Address 5016 Postlewaite Rd				
City Columbus	State OH	Zip Code 43235	M 0 D 3 Y 1 7	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Barb Fisher				
Street Address 187 W Case Rd				
City Powell	State OH	Zip Code 43065	M 0 D 3 Y 1 7	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor George Mance				
Street Address 3741 Kinsey Dr				
City Columbus	State OH	Zip Code 43224	M 0 D 3 Y 2 4	Amount \$50.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Michelle Wolfe				
Street Address 1269 Fareharm Dr				
City New Albany	State OH	Zip Code 43054	M 0 D 3 Y 2 4	Amount \$50.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Brenda Toops				
Street Address 3424 Arnsby Rd				
City Columbus	State OH	Zip Code 43232	M 0 D 3 Y 2 4	Amount \$50.00
Form (Cash, Check, etc.) Cash				

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."

\$550.00

Page Total \$