

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Citizens for Mingo				
Full Name of Contributor				
Tina Oliver				
Street Address			M D Y	Amount
110 W Dodridge St			0 6 1 5 1 0	\$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43202	Check	
Full Name of Contributor				
Elizabeth Ondrey				
Street Address				Amount
9147 Constitution Ave			0 6 1 5 1 0	\$50.00
City	Sta to	Zip Code	Form (Cash, Check, etc.)	
Orient	OH	43146	Check	
Full Name of Contributor				
Amy Christman				
Street Address			M D Y	Amount
408 Siesta Dr		- I	0 6 1 5 1 0	\$40.00
City	Starte	Zip Code	Form (Cash, Check, etc.)	
Marion	OH	43302	Check	
Full Name of Contributor	- · · <del> ·</del>			
Кеп Репу				
Street Address			M D Y	Amount
170 Laurel Dr			0 6 1 5 1 0	\$80.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Pataskala	OH	43062	Check	
Full Name of Contributor Chris Molnar				
Street Address			W IN W	Amourt
440 E Weisheimer Rd			0 6 1 5 1 0	\$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43214	Check	
Full Name of Contributor Emma Gorman	· · · · · · · · · · · · · · · · · · ·			
Street Address 153 N State St			0 6 1 5 1 0	Amount \$40.00
City Westerville	Sta te OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
The above are employees of a unit or department under the		rence E. Mingo	who currently be	olds the public office
County Auditor	ereby affirm that each contribution was vo	luntarily made.	, was currently in	
	enature 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."

\$290.00
Page Total \$