## **Contributors in Officeholder's Employ**

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor			
Sunny Cataland			
Street Address			M D Y Amount
6889 Lott Rd			0 1 2 0 1 0 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Sunbury	OH	43074	Check
Full Name of Contributor			
Ross Chambers			
Street Address	M D Y Amount		
12364 Thoroughbred Dr	0 1 2 0 1 0 \$100.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pickerington	OH	43147	Check
Full Name of Contributor			
Amy Christman			
Street Address	M D Y Amount		
408 Siesta Dr	0 1 2 0 1 0 \$50.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Marion	OH	43302	Cash
Full Name of Contributor			
Barb Fisher			
Street Address	M D Y Amount		
187 W Case St			0 1 2 0 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	Check
Full Name of Contributor			
Teri Fowler			
Street Address			M D Y Amount
7858 Iris Ct			0 1 2 0 1 0 \$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Canal Winchester	ОН	43110	Check
Full Name of Contributor			
Tony Frissora			
Street Address			M D Y Amount 0 1 2 0 1 0 \$200.00
920 Preservation Ln			
City	Sta te OH	Zip Code 43230	Form (Cash, Check, etc.) Check
Gahanna			

Ganaina	011	+0200		
The above are employees of a unit or department under the direct supervision and	d control of Clare	ence E.Mingo	, W	who currently holds the public office
of County Auditor I hereby affirm that each co (Signature of Treasurer or I		ntarily made.		
Transfer total employee contributions to Form No. 31-A or 31-E, if received at a state "Total employee contributions from form No. 31-G."	social or fundraising	ag event. Under "Full Name of Contrib	utor"	

\$625.00
Page Total \$ \_\_\_\_\_