

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor			
Michelle Merrick			
Street Address			M D Y Amount
6454 Fox Hill Dr			0 6 2 0 1 1 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Canal Winchester	ОН	43110	Check
Full Name of Contributor			•
Dave O'Neil			
Street Address	·		M D Y Amount
646 City Park Ave			0 6 2 0 1 1 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	Check
Full Name of Contributor	*****		
Bev Harvey			
Street Address			M D Y Amount
105 Fox Glen			0 6 2 0 1 1 \$60.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pickerington	ОН	43147	Cash
Full Name of Contributor			
Sally Damceski			
Street Address			M D Y Amount
9658 Wagonwood Dr		To a l	0 6 2 0 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pickerington	OH	43147	Check
Full Name of Contributor			
Street Address			M D Y Amount
		- ,	
City	OH Stal te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	(.	T_	
Total Employee (Street Address Pascs 53 Thosh	ortribitions	tron	M D Y Amount
Pases 53 Through 3	56 Transfer	red TO 31-1	
City	OH State	Zip Code	Form (Cash, Check, etc.)
The above are employees of a unit or department under the direct supervision and control of			
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 No. 31-G."

\$260.00
Page Total \$