

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

Prescribed by Secretary of State 2/01

Name of Committee in Full			·
Citizens for Mingo			
Full Name of Contributor	<del></del>		
Amy Christman			
Street Address			M D Y Amount
408 Siesta Dr			0 3 0 8 1 1 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Marion	OH	43302	Check
Full Name of Contributor			
Corey Schwartz			
Street Address			M D Y Amount
138 Olentangy Meadows Dr			0  3  0  8  1  1   \$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Lewis Center	OH	43035	Check
Full Name of Contributor			
Dave O'Neil			
Street Address			M D Y Amount
646 City Park Ave		17:- 0-1-	0 3 0 8 1 1 \$35.00
City	Staj te OH	Zip Code	Check
Columbus Full Name of Contributor	I On	43296	CHECK
Chuck Coleman			
Street Address			M D Y Amount
3263 Benbrook Pond Dr			0 3 0 8 1 1 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Check
Full Name of Contributor	<u> </u>	ī	
Tina Oliver			
Street Address			M D Y Amount
110 W Dodridge St			0 3 0 8 1 1 \$35.00
City	Starte	Zip Code	Form (Cash, Check, etc.)
Columbus	OH <sub>.</sub>	43202	Check
Full Name of Contributor Michelle Click			
Street Address 8071 Artisan Way	, , , , , , , , , , , , , , , , , , , ,		0 3 0 8 1 1 Amount \$35.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check

The above are employees of a unit or department under the direct supervision and control of	who currently b
Of County Auditor  I hereby affirm that each contribution was voluntarily made.  (Signature of Treasurer or Deputy Treasurer)	
(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."	

\$210.00
Page Total \$