## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor			
Tony Frissora			
Street Address			M D Y Amount
520 Preservation Ln			0 8 0 2 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check
Full Name of Contributor			
Stephanie Philput			
Street Address			M D Y Amount
14110 Lockbourne Eastern Rd			0 8 0 2 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Ashville	OH	43103	Check
Full Name of Contributor			
Barb Fisher			M D Y Amount
Street Address			
187 W Case Rd			0 8 0 2 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	Check
Full Name of Contributor	<del></del>		
Tina Oliver			
Street Address 110 W Dodridge St			M D Y Amount
110 W Dodridge St		7:-0:1	0 8 0 2 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus  Full Name of Contributor	OH	43202	Check
Full Name of Contributor  Daye O'Neal			
	<del></del>	· · · · · · · · · · · · · · · · · · ·	M D Yi Amount
Street Address 646 City Park Ave			
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	Check
Full Name of Contributor Marj Kruse			
Street Address 1733 White Rd			
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	Check
The above are employees of a unit or department under the dire	ct supervision and control of	larence E. Mingo	, who currently holds the public office
Courable Acadillan	affirm that each contribution was v	olimtarily made	· · · · · · · · · · · · · · · · · · ·
70001			
I ( 1 / 1/h /h / Signatur	e of Treasurer or Deputy Treasure	T)	

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."

\$500.00
Page Total \$