

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 May				
Street Address 12283 Cleo Dr				M D Y Amount 0 9 2 4 1 0 \$50.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barb Fisher				
Street Address 187 W Case St				M D Y Amount 0 9 2 4 1 0 \$50.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan Sharp				
Street Address 77 Millstone Circle				M D Y Amount 0 9 2 4 1 0 \$100.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurie Ludlum				
Street Address 1615 Dundee Ct				M D Y Amount 0 9 2 8 1 0 \$100.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Check	
Full Name of Contributor <i>Totals of Pages 87 and 88</i>				
Street Address <i>Transferred to Form 31-E</i>				M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address				M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

The above are employees of a unit or department under the direct supervision and control of Clarence E. Mingo, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

RACH (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."

\$300.00
Page Total \$