


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Kelly Mcneal				
Street Address 150 Jefferson Ave				M D Y Amount 0 6 1 5 1 0 \$40.00
City Ashville	State OH	Zip Code 43103	Form (Cash, Check, etc.) Check	
Full Name of Contributor Paula Snyder				
Street Address 3236 Cairngorm Dr				M D Y Amount 0 6 1 5 1 0 \$40.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rick McGivern				
Street Address 3257 Northampton Dr				M D Y Amount 0 6 1 6 1 0 \$40.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barb Fisher				
Street Address 187 W Case St				M D Y Amount 0 7 0 2 1 0 \$40.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chris Holdrieth				
Street Address 5016 Postlewaite Rd				M D Y Amount 0 7 0 2 1 0 \$40.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cindi Becker				
Street Address 3046 Bretton Woods Dr				M D Y Amount 0 7 0 2 1 0 \$40.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Check	

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.

 (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."

\$240.00

Page Total \$