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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor			
Kam Perry			
Street Address	<u> </u>		M D Y Amount
170 Laurel Dr			0 3 0 9 1 2 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pataskala	OH	43062	Check
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		
Dave O'Neil			
Street Address	M D Y Amount		
646 City Park Ave	0 3 0 9 1 2 \$35.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	Check
Full Name of Contributor			
Larry LcQuain			
Street Address			M D Y Amount
6886 Sagestone Dr			0 3 0 9 1 2 \$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43016	Check
Full Name of Contributor			
Sharon James			
Breet Address 8682 Davington Dr			M D Y Amount 0 3 0 9 1 2 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	Check
Full Name of Contributor			
Margie Betts			
Street Address	M D Y Amount 0 3 0 9 1 2 \$35.00		
71 E Deshler		TTD: c :	
Columbus	Sta te	Zip Code	Form (Cash, Check, etc.) Check
Columbus	OH _.	43206	Check
Full Name of Contributor George Mance			
treet Address 3741 Kinsey			0 3 0 9 1 2 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43224	Check
The above are employees of a unit or department under t	the direct supervision and control of	arence E Mingo	, who currently holds the public office
of County Auditor	ereby affirm that each contribution was ve	oluntarily made.	
	ignature 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."

\$210.00
Page Total \$ _____