Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor			
Julie Dixon			
Street Address			M D Y Amount
1402 Cascade Dr			0 3 0 8 1 1 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	Check
Full Name of Contributor			
Charity Crouse			
Street Address			M D Y Amount
6803 Alex Dr			0 3 0 8 1 1 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Canal Winchester	OH	43110	Check
full Name of Contributor			
Margie Betts			
Street Address			M D Y Amount
71 Deshler Ave			0 3 0 8 1 1 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43206	Check
Full Name of Contributor			
JoAnn Heilman			
Street Address			M D Y Amount
10451 Mcintosh Rd	<u> </u>	la: c ·	0 3 0 8 1 1 \$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Pataskala	OH	43062	Check
Full Name of Contributor Laurie Ludlum			
Street Address			M I D I W I A T
1615 Dundee Cr			M D Y Amount 0 3 0 8 1 1 \$35.00
	Sta te	7in Code	Form (Cash, Check, etc.)
City Columbus	OH Sta te	Zip Code 43227	Check
Full Name of Contributor	1 00		
Cindi Becker			
Street Address 3046 Bretton Woods Dr			0 3 0 8 1 1 Amount \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43231	Check
The above are employees of a unit or department under the direct supervision and control of			
of County Auditor . L hereby	affirm that each contribution was ve	oluntarily made.	
	ure 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 \$ _____