

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo					
Full Name of Contributor Sandra Fais					
Street Address 1793 Bluff Ave					M D Y Amount 1 0 2 5 1 0 \$150.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check		
Full Name of Contributor Gary Haynes					
Street Address 5335 Ulry Rd					M D Y Amount 1 0 2 5 1 0 \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check		
Full Name of Contributor Barb Fisher					
Street Address 187 W Case St					M D Y Amount 1 0 2 5 1 0 \$50.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check		
Full Name of Contributor					
Street Address					M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor Total Employee Contributions From Page 15					
Street Address Transferred To Form 31-A					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.

[Signature] (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 \$