


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor Marj Kruse						
Street Address 1733 White RD			M 0	D 1	Y 1	Amount \$100.00
City Grove City	Sta te OH	Zip Code 43123	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pat Bucklew						
Street Address 6567 Sunbury Rd			M 0	D 1	Y 1	Amount \$50.00
City Westerville	Sta te OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor Tina Oliver						
Street Address 110 W Dodridge St., Apt A			M 0	D 1	Y 1	Amount \$50.00
City Columbus	Sta te OH	Zip Code 43202	Form (Cash, Check, etc.) Check			
Full Name of Contributor Vicki Anthony						
Street Address 2591 Buyton Dr			M 0	D 1	Y 2	Amount \$60.00
City Powell	Sta te OH	Zip Code 43065	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Cindi Becker						
Street Address 3046 Bretton Woods Dr			M 0	D 1	Y 2	Amount \$50.00
City Columbus	Sta te OH	Zip Code 43231	Form (Cash, Check, etc.) Check			
Full Name of Contributor Susan Bradshaw						
Street Address 473 Slate Run Dr			M 0	D 1	Y 2	Amount \$35.00
City Powell	Sta te OH	Zip Code 43065	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."

\$345.00
Page Total \$ _____