

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Ken Perry				
Street Address 170 Laurel Dr				
City Pataskala	State OH	Zip Code 43062	M 0 D 4 Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Chris Holdrieth				
Street Address 5016 Postlewaite Rd				
City Columbus	State OH	Zip Code 43235	M 0 D 4 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sunny Cataland				
Street Address 6889 Lott Rd				
City Sunbury	State OH	Zip Code 43074	M 0 D 4 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Stan Dixon				
Street Address 1852 Marrose Dr				
City Lancaster	State OH	Zip Code 43130	M 0 D 4 Y 2	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Barb Fisher				
Street Address 187 W Case St				
City Powell	State OH	Zip Code 43065	M 0 D 4 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Tony Frissora				
Street Address 520 Preservation Ln				
City Gahanna	State OH	Zip Code 43230	M 0 D 4 Y 2	Amount \$100.00
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."

\$550.00
Page Total \$