

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor			
Barb Fisher			
Street Address			M D Y Amount
187 W Case Rd			1 0 1 4 0 9 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	Cash
Full Name of Contributor			
Vicky Anthony			
Street Address			M D Y Amount
2591 Buyton Dr			1 0 1 4 0 9 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	Cash
Full Name of Contributor			
John Jackson			
Street Address			M D Y Amount
700 Maurine Dr			1 0 1 4 0 9 \$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43228	Cash
Full Name of Contributor			
Michelle May			
Street Address			M D Y Amount
12283 Cleo Dr		12: 0.1	1 0 1 4 0 9 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Orient	OH	43146	Cash
Full Name of Contributor Amy Christman			
•			M D Y Amount
Street Address 408 Siesta Dr			1 0 1 4 0 9 \$35.00
	Sta te	Zip Code	Form (Cash, Check, etc.)
City Marion	OH	43302	Cash
Full Name of Contributor			
Susan Sharp			
Street Address			M D Y Amount
77 Millstone Circle			1 0 1 4 0 9 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pataskala	OH	43062	Cash
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			
of	thirm that each contribution was v	ountarily made.	
Signatur (Signatur	e of Treasurer or Deputy Treasure	r)	

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."

\$215.00

Page Total \$