

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 2650 Sawmill Reserve				M 0	D 9	Y 0	Amount \$25.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check				
Full Name of Contributor Michelle Callahan							
Street Address 8071 Artisan Way				M 0	D 9	Y 0	Amount \$25.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check				
Full Name of Contributor Jamie Abraham							
Street Address 2083 Park Run Dr				M 0	D 9	Y 0	Amount \$25.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check				
Full Name of Contributor Vicky Anthony							
Street Address 2591 Bryton Dr				M 0	D 9	Y 0	Amount \$25.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Cash				
Full Name of Contributor Total Employee Contributions From Pages <u>92</u> and <u>93</u>							
Street Address Transferred to Form 31-E				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."

\$100.00
Page Total \$