

Contributors in Officeholder's Employ

Prescribed by Sccretary of State 2/01

Name of Committee in Full				
Citizens for Mingo				
Full Name of Contributor				()
Larry McQuain				
Street Address			M D Y	Amount
6886 Sagestone Dr			0 3 1 2 1 5	\$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH	43016	Check	
Full Name of Contributor				
Barb Fisher				
Street Address			M D Y	Amount
2650 Sawmill Reserve Dr	·		0 3 1 2 1 5	\$100.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Powell	ОН	43065	Check	
Full Name of Contributor				
Rick James			M 1 D 1 50 1	
Street Address 5329 Look Leven Ct			Malala	Amount C OO
5329 Loch Leven Ct	Sta te	Zip Code	0 3 1 2 1 5 Form (Cash, Check, etc.)	\$100.00
City Dublin	OH	43017	Check	
Full Name of Contributor	1 011	43017	Oncor	
Amy Christman				
Street Address			M, D Y	Amount
408 Siesta Dr			0 3 1 2 1 5	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	1 00.00
Marion	ОН	43302	Check	
Full Name of Contributor	1	1		
Cindi Becker				
Street Address			M D Y	Amount
3046 Bretton Woods Dr			0 3 2 4 1 5	\$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43231	Cash	
Full Name of Contributor Larry McQuain				
Street Address			M D Y	Amount
6886 Sagestone Dr			0 6 0 6 1 5	\$100.00
City	Star te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH ,	43016	Check	
The above are employees of a unit or department under the direct supervision and control of				
County Auditor			,	·
of County Addition . I hereby affi	irm that each contribution was v	oluntarily 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 No. 31-G."

\$550.00
Page Total \$