

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Fred Buttle				
Street Address 1155 S Roosevelt Ave				M D Y Amount 1 0 1 2 1 0 \$35.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tony Frissora				
Street Address 520 Preservation Ln				M D Y Amount 1 0 1 2 1 0 \$200.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Margie Betts				
Street Address 71 E Deshler				M D Y Amount 1 0 1 2 1 0 \$35.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Teri Fowler				
Street Address 7857 Iris Ct				M D Y Amount 1 0 1 2 1 0 \$35.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Vance Cerasini				
Street Address 2105 Jodilee Ct				M D Y Amount 1 0 1 2 1 0 \$35.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Agatha Shields				
Street Address 359 Forestwood Dr				M D Y Amount 1 0 1 2 1 0 \$100.00
City Gahanna	State OH	Zip Code 43230	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.

RAC (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."

\$440.00
Page Total \$