

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Jamie Abraham							
Street Address 2083 Park Run Dr				M 0	D 8	Y 0	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Potts							
Street Address 330 Guemsey Ave				M 0	D 8	Y 0	Amount \$100.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check				
Full Name of Contributor Chris Holdrieth							
Street Address 947 Chara Ln				M 0	D 8	Y 0	Amount \$125.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check				
Full Name of Contributor Gary Smith							
Street Address 5744 Blacks Rd				M 0	D 8	Y 0	Amount \$75.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check				
Full Name of Contributor Tim Donahue							
Street Address 2188 Case Rd				M 0	D 8	Y 0	Amount \$75.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Check				
Full Name of Contributor Agatha Shields							
Street Address 359 Forestwood Dr				M 0	D 8	Y 0	Amount \$150.00
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.

 (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."

\$575.00
Page Total \$