

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo										
Full Name of Contributor Pete Stevens										
Street Address 237 E Deshler Ave				M 0	D 8	Y 0	Y 1	Y 1	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check							
Full Name of Contributor Angie Musselman										
Street Address 9192 Rhode Island Way				M 0	D 8	Y 1	Y 7	Y 1	Y 1	Amount \$40.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check							
Full Name of Contributor Sally Damceski										
Street Address 9658 Wagonwood Dr				M 0	D 8	Y 1	Y 7	Y 1	Y 1	Amount \$40.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check							
Full Name of Contributor Alande Orelie										
Street Address 5567 Cartwright Ln				M 0	D 8	Y 1	Y 7	Y 1	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Check							
Full Name of Contributor Total Employee Contributions From Pages 34 Through 37										
Street Address Transferred To Form 31-E				M	D	Y	Y	Y	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)							
Full Name of Contributor										
Street Address				M	D	Y	Y	Y	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."

\$160.00
Page Total \$