

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Susan Sharp							
Street Address 77 Millstone Circle				M 0	D 3	Y 2	Amount \$50.00
City Pataskala		State OH	Zip Code 43062	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ken Perry							
Street Address 170 Laurel Dr				M 0	D 3	Y 2	Amount \$100.00
City Pataskala		State OH	Zip Code 43062	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pete Stevens							
Street Address 237 E Deshler Ave				M 0	D 3	Y 2	Amount \$50.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Tony Frissora							
Street Address 520 Preservation Ln				M 0	D 3	Y 2	Amount \$200.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michelle May							
Street Address 12283 Cleo Dr				M 0	D 3	Y 2	Amount \$50.00
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 3	Y 2	Amount \$100.00
City Pickerington		State OH	Zip Code 43147	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."

\$550.00

Page Total \$ _____