

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Eric Taylor				
Street Address 687 Dark Star Ave			M 0	D 6
City Gahanna			Y 1	Amount \$40.00
State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		
Full Name of Contributor Angie Musselman				
Street Address 12999 Ridgeway Rd			M 0	D 6
City Orient			Y 1	Amount \$40.00
State OH	Zip Code 43146	Form (Cash, Check, etc.) Check		
Full Name of Contributor Jakki Federer				
Street Address 3512 Vintage Woods Dr			M 0	D 6
City Hilliard			Y 1	Amount \$40.00
State OH	Zip Code 43026	Form (Cash, Check, etc.) Check		
Full Name of Contributor Darin Falleur				
Street Address 3103 Castlebrook Ave			M 0	D 6
City Hilliard			Y 1	Amount \$40.00
State OH	Zip Code 43026	Form (Cash, Check, etc.) Check		
Full Name of Contributor Gary Woodward				
Street Address 4665 Brixshire Dr			M 0	D 6
City Hilliard			Y 1	Amount \$40.00
State OH	Zip Code 43026	Form (Cash, Check, etc.) Check		
Full Name of Contributor Tony Frissora				
Street Address 520 Preservation Ln			M 0	D 6
City Gahanna			Y 1	Amount \$100.00
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."

\$300.00

Page Total \$