

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	Y 1510	Amount \$40.00
City Gahanna	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	Y 1510	Amount \$40.00
City Orient	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	Y 1510	Amount \$40.00
City Hilliard	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	Y 1510	Amount \$40.00
City Hilliard	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	Y 1510	Amount \$40.00
City Hilliard	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	Y 1510	Amount \$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.

 (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 \$ _____