


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Kim McIlwaine				
Street Address 520 Richwood Dr				Amount \$150.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barb Fisher				
Street Address 2650 Sawmill Reserve Dr				Amount \$500.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sally Damceski				
Street Address 9658 Wagonwood Dr				Amount \$50.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Margie Betts				
Street Address P O Box 6200				Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joann Heilman				
Street Address 6541 Birch Park Dr				Amount \$75.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kimbol Stroud				
Street Address 947 Chara Ln				Amount \$100.00
City Columbus	State OH	Zip Code 43240	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."

\$925.00

Page Total \$