

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo										
Full Name of Contributor Dave O'Neil										
Street Address 899 S Third St				M 1	D 0	Y 2	Y 0	Y 1	Y 4	Amount \$1.00
City Columbus		State OH		Zip Code 43206		Form (Cash, Check, etc.) EFT				
Full Name of Contributor Larry McQuain										
Street Address 6886 Sagestone Dr				M 1	D 0	Y 2	Y 9	Y 1	Y 4	Amount \$100.00
City Dublin		State OH		Zip Code 43016		Form (Cash, Check, etc.) Check				
Full Name of Contributor Izrath Sameem										
Street Address 5398 Aubrey Loop				M 1	D 1	Y 0	Y 1	Y 1	Y 4	Amount \$100.00
City Dublin		State OH		Zip Code 43016		Form (Cash, Check, etc.) Check				
Full Name of Contributor Cindi Becker										
Street Address 3046 Bretton Woods Dr				M 1	D 1	Y 0	Y 1	Y 1	Y 4	Amount \$100.00
City Columbus		State OH		Zip Code 43231		Form (Cash, Check, etc.) Check				
Full Name of Contributor Jason Sankey										
Street Address 5450 Anacala Ct				M 1	D 1	Y 0	Y 1	Y 1	Y 4	Amount \$100.00
City Westerville		State OH		Zip Code 43082		Form (Cash, Check, etc.) Cash				
Full Name of Contributor Tina Tate										
Street Address 6356 Rugosa Ave				M 1	D 1	Y 0	Y 1	Y 1	Y 4	Amount \$40.00
City Reynoldsburg		State OH		Zip Code 43068		Form (Cash, Check, etc.) Cash				

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."

\$441.00