

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Teresa Monaco				
Street Address 9175 Parkbury Ln			M 1 0	D 1 4
City Lewis Center			Y 0 9	Amount \$35.00
State OH	Zip Code 43035	Form (Cash, Check, etc.) Csh		
Full Name of Contributor Angie Musselman				
Street Address 12999 Ridgeway Rd			M 1 0	D 1 4
City Orient			Y 0 9	Amount \$35.00
State OH	Zip Code 43146	Form (Cash, Check, etc.) Check		
Full Name of Contributor Ed O'Block				
Street Address 5765 Stevens Dr			M 1 0	D 1 4
City Orient			Y 0 9	Amount \$35.00
State OH	Zip Code 43146	Form (Cash, Check, etc.) Check		
Full Name of Contributor Tina Oliver				
Street Address 110 W Dodridge St., Apt A			M 1 0	D 1 4
City Columbus			Y 0 9	Amount \$35.00
State OH	Zip Code 43202	Form (Cash, Check, etc.) Cash		
Full Name of Contributor Elizabeth Ondrey				
Street Address 9147 Constitution Ave			M 1 0	D 1 4
City Orient			Y 0 9	Amount \$35.00
State OH	Zip Code 43146	Form (Cash, Check, etc.) Check		
Full Name of Contributor Dave O'Neil				
Street Address 646 City Park Ave			M 1 0	D 1 4
City Columbus			Y 0 9	Amount \$35.00
State OH	Zip Code 43206	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."

\$210.00

Page Total \$ _____