

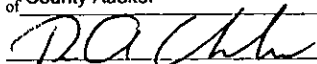
## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>										
Full Name of Contributor <b>Angie Musselman</b>										
Street Address <b>9192 Rhode Island Way</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Y <b>8</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>\$50.00</b>
City <b>Orient</b>	State <b>OH</b>	Zip Code <b>43146</b>	Form (Cash, Check, etc.) <b>Check</b>							
Full Name of Contributor <b>Sally Damceski</b>										
Street Address <b>9658 Wagonwood Dr</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Y <b>8</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>\$50.00</b>
City <b>Pickerington</b>	State <b>OH</b>	Zip Code <b>43147</b>	Form (Cash, Check, etc.) <b>Check</b>							
Full Name of Contributor <b>Jerzell Piere-Louis</b>										
Street Address <b>6227 Berringer Dr</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Y <b>9</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>\$35.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Form (Cash, Check, etc.) <b>Cash</b>							
Full Name of Contributor <b>Tod Lilley</b>										
Street Address <b>2852 Hampton Rd</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Y <b>9</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>\$40.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43232</b>	Form (Cash, Check, etc.) <b>Cash</b>							
Full Name of Contributor <b>Beckie Wirthman</b>										
Street Address <b>81 S Chesterfield Rd</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Y <b>9</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>\$40.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Cash</b>							
Full Name of Contributor <b>Bev Harvey</b>										
Street Address <b>105 Fox Glen</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Y <b>9</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>\$35.00</b>
City <b>Pickerington</b>	State <b>OH</b>	Zip Code <b>43147</b>	Form (Cash, Check, etc.) <b>Cash</b>							

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."

**\$250.00**

Page Total \$