


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor Martin Shimp						
Street Address 2893 N Star Rd			M 1	D 0	Y 1	Amount \$150.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mike Skebo						
Street Address 406 Washington Ave., Apt B			M 1	D 0	Y 1	Amount \$35.00
City Lancaster	State OH	Zip Code 43130	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pat Smith						
Street Address 833 S 3rd St			M 1	D 0	Y 1	Amount \$35.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Emerald Smith						
Street Address 6507 Borr Ave			M 1	D 0	Y 1	Amount \$35.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Paula Snyder						
Street Address 3236 Cairngorm Dr			M 1	D 0	Y 1	Amount \$35.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pete Stevens						
Street Address 237 E Deshler Ave			M 1	D 0	Y 1	Amount \$35.00
City Columbus	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."

\$325.00

Page Total \$ _____