

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				
City Pataskala	State OH	Zip Code 43062	M D Y 1 0 2 7 1 6	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ed O'Block				
Street Address 5765 Stevens Dr				
City Orient	State OH	Zip Code 43146	M D Y 1 0 2 7 1 6	Amount \$20.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Larry McQuain				
Street Address 6886 Sagestone Dr				
City Dublin	State OH	Zip Code 43016	M D Y 1 0 2 7 1 6	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Alande Orelie				
Street Address 5567 Cartwright Ln				
City Columbus	State OH	Zip Code 43231	M D Y 1 0 2 7 1 6	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Vance Cerasini				
Street Address 2105 Jodilee Ct				
City Columbus	State OH	Zip Code 43228	M D Y 1 0 2 7 1 6	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Pete Stevens				
Street Address 237 E Deshler				
City Columbus	State OH	Zip Code 43206	M D Y 1 0 2 7 1 6	Amount \$20.00
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."

\$155.00

Page Total \$