

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Alande Orelein							
Street Address 5567 Cartwright Ln				M 0	D 3	Y 0	Amount \$35.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Cash				
Full Name of Contributor Rick McGivern							
Street Address 3257 Northampton Dr				M 0	D 3	Y 0	Amount \$35.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Cash				
Full Name of Contributor Gary Smith							
Street Address 5744 Blacks Rd				M 0	D 3	Y 1	Amount \$35.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check				
Full Name of Contributor Sally Damceski							
Street Address 9658 Wagonwood Dr				M 0	D 3	Y 1	Amount \$35.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check				
Full Name of Contributor Barb Fisher							
Street Address 177 W Case St				M 0	D 3	Y 1	Amount \$35.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check				
Full Name of Contributor Angie Musselman							
Street Address 9192 Rhode Island Way				M 0	D 3	Y 1	Amount \$50.00
City Orient	State OH	Zip Code 43146	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] (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."

\$225.00

Page Total \$