

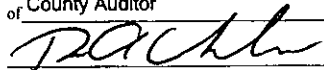
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Alande Orelie							
Street Address 5567 Cartwright Ln				M 0	D 7	Y 3	Amount \$100.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Check				
Full Name of Contributor Karen Pettiford							
Street Address 7858 Burrwood St				M 0	D 7	Y 3	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check				
Full Name of Contributor Gary Woodward							
Street Address 4665 Brixshire Rd				M 0	D 7	Y 3	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check				
Full Name of Contributor Jaki Federer							
Street Address 3512 Vintage Woods Dr				M 0	D 8	Y 1	Amount \$75.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check				
Full Name of Contributor Ly Anne Brown							
Street Address 7090 Rieber St				M 0	D 8	Y 1	Amount \$75.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check				
Full Name of Contributor Sally Damceski							
Street Address 9658 Wagonwood Dr				M 0	D 8	Y 1	Amount \$150.00
City Pickerington	State OH	Zip Code 43147	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."

\$550.00

Page Total \$