

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citiznes for Mingo				
Full Name of Contributor Dave O'Neil				
Street Address 899 S 3rd St				Amount \$75.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pete Stevens				
Street Address 237 E Deshler				Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Corey Schwartz				
Street Address 138 Olentangy Meadows Dr				Amount \$50.00
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles McNeal				
Street Address 150 Jefferson Ave				Amount \$50.00
City Ashville	State OH	Zip Code 43103	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michelle May				
Street Address 12283 Cleo Rd				Amount \$50.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michelle Callahan				
Street Address 8071 Artisan Way				Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	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."

\$325.00
Page Total \$