

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Charles Coleman</b>				
Street Address <b>3263 Benbrook Pond Dr</b>			M <b>1 0</b>	D <b>1 4</b>
City <b>Hilliard</b>			Y <b>0 9</b>	Amount <b>\$35.00</b>
State <b>OH</b>			Zip Code <b>43026</b>	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Sally Damceski</b>				
Street Address <b>9658 Wagonwood Dr</b>			M <b>1 0</b>	D <b>1 4</b>
City <b>Pickerington</b>			Y <b>0 9</b>	Amount <b>\$35.00</b>
State <b>OH</b>			Zip Code <b>43147</b>	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Stan Dixon</b>				
Street Address <b>1852 Marrose Dr</b>			M <b>1 0</b>	D <b>1 4</b>
City <b>Lancaster</b>			Y <b>0 9</b>	Amount <b>\$70.00</b>
State <b>OH</b>			Zip Code <b>43130</b>	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Tim Donahue</b>				
Street Address <b>2188 Case Rd</b>			M <b>1 0</b>	D <b>1 4</b>
City <b>Columbus</b>			Y <b>0 9</b>	Amount <b>\$35.00</b>
State <b>OH</b>			Zip Code <b>43224</b>	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Sharon Evaline</b>				
Street Address <b>2350 Demoest Rd</b>			M <b>1 0</b>	D <b>1 4</b>
City <b>Grove City</b>			Y <b>0 9</b>	Amount <b>\$35.00</b>
State <b>OH</b>			Zip Code <b>43123</b>	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Jakki Federer</b>				
Street Address <b>3512 Vintage Woods Dr</b>			M <b>1 0</b>	D <b>1 4</b>
City <b>Hilliard</b>			Y <b>0 9</b>	Amount <b>\$35.00</b>
State <b>OH</b>			Zip Code <b>43026</b>	
Form (Cash, Check, etc.) <b>Check</b>				

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."

**\$245.00**

Page Total \$ \_\_\_\_\_