


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor George Mance				
Street Address 3741 Kinsey Dr				
City Columbus	Sta te OH	Zip Code 43224	M 0 D 1 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michelle May				
Street Address 12283 Cleo Dr				
City Orient	Sta te OH	Zip Code 43146	M 0 D 1 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michelle Merrick				
Street Address 6454 Fox Hill Dr				
City Canal Winchester	Sta te OH	Zip Code 43110	M 0 D 1 Y 2	Amount \$35.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Angie Musselman				
Street Address 12999Ridgeway Rd				
City Orient	Sta te OH	Zip Code 43146	M 0 D 1 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kam Perry				
Street Address 170 Laurel Dr				
City Pataskala	Sta te OH	Zip Code 43062	M 0 D 1 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ken Perry				
Street Address 170 Laurel Dr				
City Pataskala	Sta te OH	Zip Code 43062	M 0 D 1 Y 2	Amount \$50.00
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."

\$285.00

Page Total \$