

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Nancy Hill				
Street Address 2615 N 4th St				
City Columbus	State OH	Zip Code 43202	M D Y 0 8 1 5 1 6	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Terri Bettinger				
Street Address 5180 Cascade Dr				
City Powell	State OH	Zip Code 43065	M D Y 0 8 1 5 1 6	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Alande Orelie				
Street Address 5567 Cartwright Ln				
City Columbus	State OH	Zip Code 43231	M D Y 0 8 1 5 1 6	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Cynthia Becker				
Street Address 3046 Bretton Woods Dr				
City Columbus	State OH	Zip Code 43231	M D Y 0 8 1 5 1 6	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Amy Christman				
Street Address 408 Siesta Dr				
City Marion	State OH	Zip Code 43302	M D Y 0 8 1 5 1 6	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Susan Bradshaw				
Street Address 473 Slate Run Dr				
City Powell	State OH	Zip Code 43065	M D Y 0 8 1 8 1 6	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] (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."

\$725.00

Page Total \$