

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 2	Y 2	Y 9	Y 1	Y 6	Amount \$100.00
City Columbus		State OH	Zip Code 43231		Form (Cash, Check, etc.) Check					
Full Name of Contributor Dave O'Neal										
Street Address 899 S 3rd St				M 0	D 2	Y 2	Y 9	Y 1	Y 6	Amount \$50.00
City Columbus		State OH	Zip Code 43206		Form (Cash, Check, etc.) Check					
Full Name of Contributor Angie Musselman										
Street Address 6934 Rothwell St				M 0	D 2	Y 2	Y 9	Y 1	Y 6	Amount \$100.00
City New Albany		State OH	Zip Code 43054		Form (Cash, Check, etc.) Check					
Full Name of Contributor Larry McQuain										
Street Address 6886 Sagestone Dr				M 0	D 2	Y 2	Y 9	Y 1	Y 6	Amount \$100.00
City Dublin		State OH	Zip Code 43016		Form (Cash, Check, etc.) Check					
Full Name of Contributor Charles McNeal										
Street Address 150 Jefferson Ave				M 0	D 2	Y 2	Y 9	Y 1	Y 6	Amount \$100.00
City Ashville		State OH	Zip Code 43103		Form (Cash, Check, etc.) Check					
Full Name of Contributor Kim McIlwaine										
Street Address 520 Richwood Dr				M 0	D 2	Y 2	Y 9	Y 1	Y 6	Amount \$50.00
City Pataskala		State OH	Zip Code 43062		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."

\$500.00

Page Total \$