

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Beverlyn Harvey							
Street Address 105 Fox Glen				M 0	D 9	Y 2	Amount \$1,000.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check				
Full Name of Contributor Tim Boyer							
Street Address 2099 Tonda Ln				M 0	D 9	Y 2	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Cash				
Full Name of Contributor Emma Gorman							
Street Address 153 N State St				M 1	D 0	Y 0	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check				
Full Name of Contributor Angie Musselman							
Street Address 9192 Rhode Island Way				M 1	D 0	Y 0	Amount \$100.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check				
Full Name of Contributor Amy Christman							
Street Address 408 Siesta Dr				M 1	D 0	Y 1	Amount \$35.00
City Marion	State OH	Zip Code 43302	Form (Cash, Check, etc.) Check				
Full Name of Contributor Walt McGown							
Street Address 39 Rosslyn				M 1	D 0	Y 1	Amount \$35.00
City Columbus	State OH	Zip Code 43214	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.

PA CH (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."

\$1,370.00

Page Total \$