

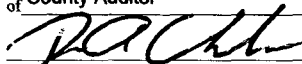
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Kelly Washington				
Street Address 7471 Williamson Ln				
City Canal Winchester	State OH	Zip Code 43110	M 0 D 8 Y 1 3 1 6	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Linda Slagle				
Street Address 600 Sheldon Ave				
City Columbus	State OH	Zip Code 43207	M 0 D 8 Y 1 3 1 6	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Tim Donahue				
Street Address 2188 Case Rd				
City Columbus	State OH	Zip Code 43224	M 0 D 8 Y 1 3 1 6	Amount \$100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Angie Musselman				
Street Address 6934 Rothwell St				
City New Albany	State OH	Zip Code 43054	M 0 D 8 Y 1 5 1 6	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michelle Wolfe				
Street Address 1269 Fareham Dr				
City New Albany	State OH	Zip Code 43054	M 0 D 8 Y 1 5 1 6	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Pat Bucklew				
Street Address 6567 Sunbury Rd				
City Westerville	State OH	Zip Code 43082	M 0 D 8 Y 1 5 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 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."

\$400.00

Page Total \$