

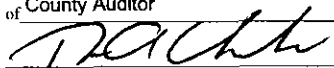
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Michael Fee				
Street Address 3615 Head of Pond				M D Y Amount 0 8 1 3 1 5 \$50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jason Sankey				
Street Address 5450 Anacala Ct				M D Y Amount 0 8 1 3 1 5 \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Corey Schwartz				
Street Address 138 Olentangy Meadows				M D Y Amount 0 8 1 3 1 5 \$100.00
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pete Stevens				
Street Address 237 E Dëshler Ave				M D Y Amount 0 8 1 3 1 5 \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rick James				
Street Address 5329 Loch Leven Ct				M D Y Amount 0 8 1 3 1 5 \$300.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Izrah Sameem				
Street Address 5398 Aubrey Loop				M D Y Amount 0 8 1 3 1 5 \$150.00
City Dublin	State OH	Zip Code 43016	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."

\$800.00

Page Total \$