

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Kam Perry							
Street Address 170 Laurel Dr				M 0	D 3	Y 0	Amount \$35.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check				
Full Name of Contributor John Price							
Street Address 505 Whitney Ave				M 0	D 3	Y 0	Amount \$35.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check				
Full Name of Contributor Susan Sharp							
Street Address 77 Millstone Circle				M 0	D 3	Y 0	Amount \$35.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check				
Full Name of Contributor Kimbol Stroud							
Street Address 947 Chara Ln				M 0	D 3	Y 0	Amount \$35.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check				
Full Name of Contributor Gary Woodward							
Street Address 4665 Brixshire Dr				M 0	D 3	Y 0	Amount \$35.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check				
Full Name of Contributor Chris Holdrieth							
Street Address 5016 Postlewaite Rd				M 0	D 3	Y 0	Amount \$35.00
City Columbus	State OH	Zip Code 43235	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.

ROA Chh (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."

\$210.00

Page Total \$