

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Laurie Ludlum				
Street Address 1615 Dundee Ct				M D Y Amount 0 8 2 6 1 0 \$50.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan Bradshaw				
Street Address 473 Slate Run Dr				M D Y Amount 0 8 2 6 1 0 \$25.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan Sharp				
Street Address 77 Millstone Circle				M D Y Amount 0 8 2 6 1 0 \$50.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kam Perry				
Street Address 170 Laurel Dr				M D Y Amount 0 8 2 6 1 0 \$50.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chris Holdrieth				
Street Address 5016 Postlewaite Rd				M D Y Amount 0 8 2 6 1 0 \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stan Dixon				
Street Address 1852 Marrose Dr				M D Y Amount 0 8 2 6 1 0 \$100.00
City Lancaster	State OH	Zip Code 43130	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."

\$325.00

Page Total \$