

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo												
Full Name of Contributor Kimbol Stroud												
Street Address 947 Chara Ln				<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>1</td> <td>0</td> <td>1</td> <td>\$35.00</td> </tr> </table>	M	D	Y	Amount	1	0	1	\$35.00
M	D	Y	Amount									
1	0	1	\$35.00									
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check									
Full Name of Contributor Jamie Abraham												
Street Address 2083 Park Run Dr				<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>1</td> <td>0</td> <td>1</td> <td>\$35.00</td> </tr> </table>	M	D	Y	Amount	1	0	1	\$35.00
M	D	Y	Amount									
1	0	1	\$35.00									
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check									
Full Name of Contributor Becky Wirthman												
Street Address 81 S Chesterfield Rd				<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>1</td> <td>0</td> <td>1</td> <td>\$35.00</td> </tr> </table>	M	D	Y	Amount	1	0	1	\$35.00
M	D	Y	Amount									
1	0	1	\$35.00									
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check									
Full Name of Contributor Shelley May												
Street Address 12283 Cleo Dr				<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>1</td> <td>0</td> <td>1</td> <td>\$40.00</td> </tr> </table>	M	D	Y	Amount	1	0	1	\$40.00
M	D	Y	Amount									
1	0	1	\$40.00									
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check									
Full Name of Contributor Chris Holdrieth												
Street Address 5016 Postlewaite Rd				<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>1</td> <td>0</td> <td>1</td> <td>\$35.00</td> </tr> </table>	M	D	Y	Amount	1	0	1	\$35.00
M	D	Y	Amount									
1	0	1	\$35.00									
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check									
Full Name of Contributor Brenda Toops												
Street Address 3424 Arnsby Rd				<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>1</td> <td>0</td> <td>1</td> <td>\$35.00</td> </tr> </table>	M	D	Y	Amount	1	0	1	\$35.00
M	D	Y	Amount									
1	0	1	\$35.00									
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) Cash									

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."

\$215.00
Page Total \$