

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Eric Taylor							
Street Address 667 Dark Star Ave				M 0	D 7	Y 1	Amount \$40.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check				
Full Name of Contributor Paula Snyder							
Street Address 3236 Cairngorm Dr				M 0	D 7	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check				
Full Name of Contributor Geoff Smith							
Street Address 3578 Sunset Dr				M 0	D 7	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check				
Full Name of Contributor Pete Stevens							
Street Address 237 E Deshler Ave				M 0	D 7	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check				
Full Name of Contributor Kimbol Stroud							
Street Address 947 Chara Ln				M 0	D 7	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check				
Full Name of Contributor Ed O'Block							
Street Address 5765 Stevens Dr				M 0	D 7	Y 1	Amount \$40.00
City Orient	State OH	Zip Code 43146	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."

\$240.00

Page Total \$