


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Dustin Stoller				
Street Address 9856 State Route 111				M D Y Amount 0 3 2 4 1 0 \$50.00
City Paulding	State OH	Zip Code 45879	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sharon James				
Street Address 8682 Davington Dr				M D Y Amount 0 3 2 4 1 0 \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Warden				
Street Address 1680 Thraikill Rd				M D Y Amount 0 3 2 4 1 0 \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurie Ludlum				
Street Address 1615 Dundee Ct				M D Y Amount 0 3 2 4 1 0 \$50.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Check	
Full Name of Contributor JoAnn Heilman				
Street Address 10451 McIntosh Rd				M D Y Amount 0 3 2 4 1 0 \$50.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Jackson				
Street Address 700 Maurine Dr				M D Y Amount 0 3 2 4 1 0 \$100.00
City Columbus	State OH	Zip Code 43228	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."

\$400.00
Page Total \$