## **Contributors in Officeholder's Employ**

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
Full Name of Contributor			
Agatha Shields			
Street Address		<u> </u>	M D Y Amount
359 Forestwood Dr			0 3 2 4 1 0 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Gahanna	ОН	43230	Check
Full Name of Contributor			
Shawn Lahaderne			
Street Address			M D Y Amount
12461 Thoroughbred Dr			0 3 2 4 1 0 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pickerington	OH	43147	Check
Full Name of Contributor			
John Price			
Street Address			M D Y Amount
505 Whitney Ave			0 3 2 4 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	Check
Full Name of Contributor			
Cindi Becker			
Street Address			M D Y Amount
3046 Bretton Woods Dr			0 3 2 4 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43231	Check
Full Name of Contributor			
Tina Tate			
Street Address			M D Y Amount
6356 Rugosa Ave			0 3 2 4 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	ОН	43068	Check
Full Name of Contributor			
Corey Schwartz			
Street Address			M D Y Amount
138 Olentangy Meadows Dr			0 3 2 4 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Lewis Center	OH	43035	Check
	, , , , CI	arence E. Mingo	, who currently holds the public office
The above are employees of a unit or department under the dir	ect supervision and control of		, who currently notes are public office
of County Auditor . I hereby	affirm that each contribution was v	oluntarily made.	
121 Al (Signatur	re of Treasurer or Denuty Treasure	r)	

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 No. 31-G."

\$550.00

Page Total \$