

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Stephanie Philput				
Street Address 14110 Lockbourne Eastern Rd				M D Y Amount 0 1 2 0 1 0 \$35.00
City Ashville	Sta te OH	Zip Code 43103	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Susan Sharp				
Street Address 77 Millstone Circle				M D Y Amount 0 1 2 0 1 0 \$50.00
City Pataskala	Sta te OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor EmeraldSmith				
Street Address 6507 Borr Ave				M D Y Amount 0 1 2 0 1 0 \$35.00
City Reynoldsburg	Sta te OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Kimbol Stroud				
Street Address 947 Chara Ln				M D Y Amount 0 1 2 0 1 0 \$100.00
City Columbus	Sta te OH	Zip Code 43240	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tina Tate				
Street Address 6356 Rugosa Ave				M D Y Amount 0 1 2 0 1 0 \$50.00
City Reynoldsburg	Sta te OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Eric Taylor				
Street Address 667 Dark Star Ave				M D Y Amount 0 1 2 0 1 0 \$100.00
City Gahanna	Sta te OH	Zip Code 43230	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."

\$370.00

Page Total \$