


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 7776 US 127			M 1 0	D 1 4
City Paulding			Y 0 9	Amount \$35.00
State OH	Zip Code 45879	Form (Cash, Check, etc.) Check		
Full Name of Contributor Kimbol Stroud				
Street Address 947 Chara Ln			M 1 0	D 1 4
City Columbus			Y 0 9	Amount \$35.00
State OH	Zip Code 43240	Form (Cash, Check, etc.) Check		
Full Name of Contributor Tina Tate				
Street Address 6356 Rugosa Ave			M 1 0	D 1 4
City Reynoldsburg			Y 0 9	Amount \$35.00
State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		
Full Name of Contributor Eric Taylor				
Street Address 822 Lindenhaven Rd			M 1 0	D 1 4
City Gahanna			Y 0 9	Amount \$35.00
State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		
Full Name of Contributor Brenda Toops				
Street Address 3424 Arnsby Rd			M 1 0	D 1 4
City Columbus			Y 0 9	Amount \$40.00
State OH	Zip Code 43232	Form (Cash, Check, etc.) Check		
Full Name of Contributor Mary Warden				
Street Address 1680 Thrailkill Rd			M 1 0	D 1 4
City Grove City			Y 0 9	Amount \$35.00
State OH	Zip Code 43123	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."

\$215.00

Page Total \$ _____