


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Shirley Stephens				
Street Address 5763 Paul Talbott Circle				M D Y Amount 0 1 3 0 1 4 \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kelly Washington				
Street Address 7471 Williamson Ln				M D Y Amount 0 1 3 0 1 4 \$50.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jessica Wilkins-Bibbs				
Street Address 5660 Montevideo Dr				M D Y Amount 0 1 3 0 1 4 \$50.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Woodward				
Street Address 4665 Brixshire Dr				M D Y Amount 0 1 3 0 1 4 \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy Christman				
Street Address 408 Siesta Dr				M D Y Amount 0 1 3 0 1 4 \$100.00
City Marion	State OH	Zip Code 43302	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cindi Becker				
Street Address 3046 Bretton Woods Dr				M D Y Amount 0 1 3 0 1 4 \$100.00
City Columbus	State OH	Zip Code 43231	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 \$