

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo			
Full Name of Contributor	·		
Todd Lilley			
Street Address			M D Y Amount
7299 Porter Dr			0 6 2 0 1 1 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Canal Winchester	OH	43110	Check
Full Name of Contributor			
Larry McQuain			
Street Address			M D Y Amount
6886 Sagestone Dr			0 6 2 0 1 1 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43016	Check
Full Name of Contributor Chuck Coleman			
Street Address			M D Y Amount
3263 Benbrook Pond Dr			0 6 2 0 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Check
Full Name of Contributor		1 .00-0	
Cindi Becker			
Street Address			M D Y Amount
3046 Bretton Woods Dr			0 6 2 0 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43231	Check
Full Name of Contributor			
Amy Christman			
Street Address			M D Y Amount
408 Siesta Dr		···-	0 6 2 0 1 1 \$100.00
City	Sta te OH	Zip Code 43302	Form (Cash, Check, etc.) Check
Marion		43302	Official
Full Name of Contributor Chris Molnar			
Street Address	 		M D Yi Amount
440 E Weisheimer Rd			0 6 2 0 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	Check

The above are employees of a min of department under the uncert supervision and control of	ios die 1
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 No. 31-G."	

\$700.00
Page Total \$ _____