

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>							
Full Name of Contributor <b>Gary Woodward</b>							
Street Address <b>4665 Brixshire Dr</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>\$35.00</b>
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Kelly Washington</b>							
Street Address <b>7471 Williamson Ln</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>\$70.00</b>
City <b>Canal Winchester</b>	State <b>OH</b>	Zip Code <b>43110</b>	Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Pete Stevens</b>							
Street Address <b>237 E Deshler</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>\$35.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>John Jackson</b>							
Street Address <b>700 Maurine Dr</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	Form (Cash, Check, etc.) <b>Cash</b>				
Full Name of Contributor <b>Carolyn Stuhr</b>							
Street Address <b>306 Lesleh Ave</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>\$35.00</b>
City <b>Groveport</b>	State <b>OH</b>	Zip Code <b>43125</b>	Form (Cash, Check, etc.) <b>Cash</b>				
Full Name of Contributor <b>Chuck Thalgott</b>							
Street Address <b>8587 Victoria Meadow Ln</b>				M <b>0</b>	D <b>3</b>	Y <b>0</b>	Amount <b>\$35.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>Cash</b>				

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."

**\$310.00**

Page Total \$