


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Marj Kruse				
Street Address 1733 White Rd			M 1	D 0
City Grove City			Y 9	Amount \$100.00
State OH	Zip Code 43123	Form (Cash, Check, etc.) Check		
Full Name of Contributor Todd Lilley				
Street Address 2852 Hampton Rd			M 1	D 0
City Columbus			Y 9	Amount \$35.00
State OH	Zip Code 43232	Form (Cash, Check, etc.) Check		
Full Name of Contributor Charles McNeal				
Street Address 150 Jefferson Ave			M 1	D 0
City Ashville			Y 9	Amount \$35.00
State OH	Zip Code 43103	Form (Cash, Check, etc.) Check		
Full Name of Contributor Walt Megown				
Street Address 39 Rosslyn			M 1	D 0
City Columbus			Y 9	Amount \$35.00
State OH	Zip Code 43214	Form (Cash, Check, etc.) Check		
Full Name of Contributor Michelle Merrick				
Street Address 6454 Fox Hill Dr			M 1	D 0
City Canal Winchester			Y 9	Amount \$35.00
State OH	Zip Code 43110	Form (Cash, Check, etc.) Check		
Full Name of Contributor Chris Molnar				
Street Address 600 Chatham Rd			M 1	D 0
City Columbus			Y 9	Amount \$35.00
State OH	Zip Code 43214	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."

\$275.00
Page Total \$ _____