

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Mary Warden				
Street Address 1680 Thraillkill Rd			M 0	D 1
City Grove City			Y 2	Amount \$35.00
State OH			Y 0	
Zip Code 43123			Form (Cash, Check, etc.) Check	
Full Name of Contributor Beckie Wirthman				
Street Address 81 S Chesterfield Rd			M 0	D 1
City Columbus			Y 2	Amount \$40.00
State OH			Y 0	
Zip Code 43209			Form (Cash, Check, etc.) Cash	
Full Name of Contributor Gary Woodward				
Street Address 4665 Brixshire Dr			M 0	D 1
City Hilliard			Y 2	Amount \$50.00
State OH			Y 0	
Zip Code 43026			Form (Cash, Check, etc.) Check	
Full Name of Contributor Angie Musselman				
Street Address 12999 Ridgeway Rd			M 0	D 1
City Orient			Y 2	Amount \$100.00
State OH			Y 9	
Zip Code 43146			Form (Cash, Check, etc.) Check	
Full Name of Contributor <i>Totals of Pages 42 thru 47</i>				
Street Address <i>Transferred To Form 31-E</i>			M	D
City			Y	Amount
State OH				
Zip Code			Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address			M	D
City			Y	Amount
State OH				
Zip Code			Form (Cash, Check, etc.)	

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] (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."

\$225.00
Page Total \$