


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Gary Woodward				
Street Address 4665 Brixshire Dr				
City Hilliard	State OH	Zip Code 43026	M 0 D 3 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Carolyn Hauger				
Street Address 2065 Wayfaring Dr				
City Reynoldsburg	State OH	Zip Code 43068	M 0 D 3 Y 2	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Amy Christman				
Street Address 408 Siesta Dr				
City Marion	State OH	Zip Code 43302	M 0 D 3 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Margie Betts				
Street Address 70 Shaffer Dr				
City Groveport	State OH	Zip Code 43125	M 0 D 3 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Todd Adamson				
Street Address 6512 Centennial Dr				
City Reynoldsburg	State OH	Zip Code 43068	M 0 D 3 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mona Aswad				
Street Address 852 Tamara Dr				
City Gahanna	State OH	Zip Code 43230	M 0 D 3 Y 3	Amount \$50.00
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 \$