

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			M 0	D 8
City Hilliard			Y 1	Amount \$75.00
State OH			Y 1	
Zip Code 43026			3 3	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kim McIlwaine				
Street Address 520 Richwood Dr			M 0	D 8
City Pataskala			Y 1	Amount \$75.00
State OH			Y 1	
Zip Code 43062			3 3	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kam Perry				
Street Address 170 Laurel Dr			M 0	D 8
City Pataskala			Y 1	Amount \$75.00
State OH			Y 1	
Zip Code 43062			3 3	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kevin Schultz				
Street Address 7320 Skyline Dr			M 0	D 8
City Columbus			Y 1	Amount \$50.00
State OH			Y 1	
Zip Code 43235			3 3	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Vicki Anthony				
Street Address 2591 Bryton Dr			M 0	D 8
City Powell			Y 1	Amount \$50.00
State OH			Y 1	
Zip Code 43065			3 3	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Vance Cerasini				
Street Address 2105 Jodilee Ct			M 0	D 8
City Columbus			Y 1	Amount \$100.00
State OH			Y 1	
Zip Code 43228			3 3	
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."

\$425.00

Page Total \$