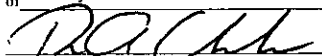


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Stan Dixon				
Street Address 1852 Marrose Dr				M D Y Amount 0 9 0 3 1 0 \$250.00
City Lancaster	State OH	Zip Code 43130	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carolyn Stuhr				
Street Address 306 Lesleh Ave				M D Y Amount 0 9 0 7 1 0 \$100.00
City Groveport	State OH	Zip Code 43125	Form (Cash, Check, etc.) Check	
Full Name of Contributor Agatha Shields				
Street Address 359 Forestwood Dr				M D Y Amount 0 9 1 4 1 0 \$500.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Haynes				
Street Address 5335 Ulry Rd				M D Y Amount 0 9 1 4 1 0 \$250.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Corey Schwartz				
Street Address 138 Olentangy Meadows Dr				M D Y Amount 0 9 1 4 1 0 \$100.00
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marj Kruse				
Street Address 1733 White Rd				M D Y Amount 0 9 1 4 1 0 \$250.00
City Grove City	State OH	Zip Code 43123	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."

\$1,450.00
Page Total \$