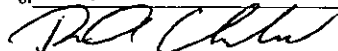


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Kimbol Stroud				
Street Address 947 Chara Ln				
City Columbus	State OH	Zip Code 43240	M 0 D 8 Y 1 9 1 3 3	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Bage				
Street Address 2226 Yellow Pine Ave				
City Columbus	State OH	Zip Code 43229	M 0 D 8 Y 1 9 1 3 3	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jacalyn Federer				
Street Address 3512 Vintage Woods Dr				
City Hilliard	State OH	Zip Code 43026	M 0 D 8 Y 1 9 1 3 3	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Potts				
Street Address 330 Guernsey Ave				
City Columbus	State OH	Zip Code 43204	M 0 D 8 Y 1 9 1 3 3	Amount \$100.00
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 8 Y 1 9 1 3 3	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sharon James				
Street Address 5329 Loch Leven Ct				
City Dublin	State OH	Zip Code 43017	M 0 D 8 Y 1 9 1 3 3	Amount \$100.00
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."

\$600.00

Page Total \$ _____