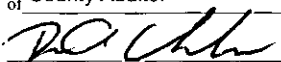


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Larry McQuain				
Street Address 6886 Sagestone Dr			M 1	D 1
City Dublin			Y 9	Amount \$100.00
State OH		Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Total Employee Contributions From Pages 34 and 35				
Street Address Transferred to Form 31-E			M 	Amount
City 		State OH	D 	Form (Cash, Check, etc.)
Full Name of Contributor 			Y 	Amount
Street Address 			M 	Amount
City 		State OH	D 	Form (Cash, Check, etc.)
Full Name of Contributor 			Y 	Amount
Street Address 			M 	Amount
City 		State OH	D 	Form (Cash, Check, etc.)
Full Name of Contributor 			Y 	Amount
Street Address 			M 	Amount
City 		State OH	D 	Form (Cash, Check, etc.)
Full Name of Contributor 			Y 	Amount
Street Address 			M 	Amount
City 		State OH	D 	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 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."

\$100.00