

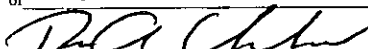
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor Tina Tate						
Street Address 6356 Rugosa Ave						Amount \$35.00
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 2	Y 0	Amount \$35.00
Form (Cash, Check, etc.) Check						
Full Name of Contributor Corey Schwartz						
Street Address 138 Olentangy Meadows Dr						Amount \$35.00
City Lewis Center	State OH	Zip Code 43035	M 1	D 2	Y 0	Amount \$35.00
Form (Cash, Check, etc.) Check						
Full Name of Contributor Alande Orelie						
Street Address 5567 Cartwright Ln						Amount \$35.00
City Columbus	State OH	Zip Code 43231	M 1	D 2	Y 0	Amount \$35.00
Form (Cash, Check, etc.) Check						
Full Name of Contributor Kimbol Stroud						
Street Address 947 Chara Ln						Amount \$50.00
City Columbus	State OH	Zip Code 43240	M 1	D 2	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check						
Full Name of Contributor Todd Lilley						
Street Address 2852 Hampton Rd						Amount \$50.00
City Columbus	State OH	Zip Code 43232	M 1	D 2	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check						
Full Name of Contributor Chris Molnar						
Street Address 440 E Weisheimer Rd						Amount \$35.00
City Columbus	State OH	Zip Code 43214	M 1	D 2	Y 0	Amount \$35.00
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."

\$240.00

Page Total \$