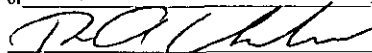


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor Kim McIlwaine						
Street Address 520 Richmond Dr						Amount \$100.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check			
Full Name of Contributor Larry McQuain						
Street Address 6886 Sagestone Dr						Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Full Name of Contributor Angie Musselman						
Street Address 9192 Rhode Island Way						Amount \$50.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dave O'Neal						
Street Address 646 City Park Ave						Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mark Potts						
Street Address 330 Guernsey Ave						Amount \$100.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check			
Full Name of Contributor Lisa Slotnick						
Street Address 1212 Lakeshore Dr						Amount \$100.00
City Columbus	State OH	Zip Code 43204	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."

\$500.00
Page Total \$