

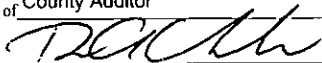
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo												
Full Name of Contributor Alande Orien												
Street Address 5567 Cartwright Ln				<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>1</td> <td>0</td> <td>0</td> <td>\$50.00</td> </tr> </table>	M	D	Y	Amount	1	0	0	\$50.00
M	D	Y	Amount									
1	0	0	\$50.00									
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Cash									
Full Name of Contributor Total Employee Contributions From Pages 83 Thru 90												
Street Address Transferred to Form 31-E				<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M	D	Y	Amount				
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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."

\$50.00

Page Total \$