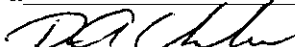


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Sally Damceski							
Street Address 9658 Wagonwood Dr				M 1	D 2	Y 1	Amount \$35.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check				
Full Name of Contributor Kimbol Stroud							
Street Address 947 Chara Ln				M 1	D 2	Y 1	Amount \$35.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check				
Full Name of Contributor Chris Holdrieth							
Street Address 947 Chara Ln				M 1	D 2	Y 1	Amount \$35.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check				
Full Name of Contributor Vance Cerasini							
Street Address 2105 Jodilee Ct				M 0	D 3	Y 0	Amount \$100.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check				
Full Name of Contributor Izrath Sameem							
Street Address 5398 Aubrey Loop				M 0	D 3	Y 1	Amount \$50.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check				
Full Name of Contributor Larry McQuain							
Street Address 6886 Sagestone Dr				M 0	D 3	Y 1	Amount \$100.00
City Dublin	State OH	Zip Code 43016	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."

\$355.00

Page Total \$