

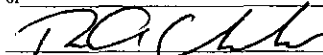
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor Shelley May						
Street Address 12283 Cleo Dr			M 0	D 7	Y 1	Amount \$40.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check			
Full Name of Contributor Amy Christman						
Street Address 408 Siesta Dr			M 0	D 7	Y 1	Amount \$40.00
City Marion	State OH	Zip Code 43302	Form (Cash, Check, etc.) Check			
Full Name of Contributor Cindi Becker						
Street Address 3046 Bretton Woods Dr			M 0	D 7	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pat Bucklew						
Street Address 6567 Sunbury Rd			M 0	D 7	Y 1	Amount \$40.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michelle Click						
Street Address 8071 Artisan Way			M 0	D 7	Y 1	Amount \$40.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Totals of Pages 69 Thru 73						
Street Address Transferred To Form 31-E			M	D	Y	Amount
City	State OH	Zip Code	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."

\$200.00
Page Total \$