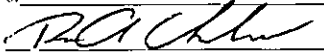


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Richard James				
Street Address 5329 Loch Leven Ct				
City Dublin	State OH	Zip Code 43017	M 0 D 6 Y 2 0 1 4	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Amy Christman				
Street Address 408 Siesta Dr				
City Marion	State OH	Zip Code 43302	M 0 D 6 Y 2 0 1 4	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Potts				
Street Address 330 Guernsey Ave				
City Columbus	State OH	Zip Code 43204	M 0 D 6 Y 2 0 1 4	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kim McIlwaine				
Street Address 520 Richwood Dr				
City Pataskala	State OH	Zip Code 43062	M 0 D 6 Y 2 0 1 4	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sally Damceski				
Street Address 9658 Wagonwood Dr				
City Pickerington	State OH	Zip Code 43147	M 0 D 6 Y 2 0 1 4	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kam Perry				
Street Address 170 Laurel Dr				
City Pataskala	State OH	Zip Code 43062	M 0 D 6 Y 1 4 1 4	Amount \$50.00
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."

\$350.00

Page Total \$