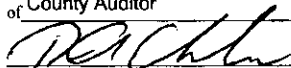


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Larry McQuain							
Street Address 6886 Sagestone Dr				M 0	D 3	Y 2	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check				
Full Name of Contributor Vance Cerasini							
Street Address 2105 Jodilee Ct				M 0	D 3	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check				
Full Name of Contributor Teresa D'Amico							
Street Address 40 E Hoster St				M 0	D 4	Y 1	Amount \$250.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check				
Full Name of Contributor Barb Fisher							
Street Address 2650 Sawmill Reserve Dr				M 0	D 4	Y 1	Amount \$200.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check				
Full Name of Contributor Total of Employee Contributions From Page <u>46</u>							
Street Address Transferred to Form 31-E				M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address				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."

\$650.00

Page Total \$