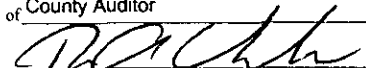


Contributors in Officeholder's Employ

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 7	Y 1	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Full Name of Contributor John Price						
Street Address 505 Whitney Ave			M 0	D 7	Y 2	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor Vance Cerasini						
Street Address 2105 Jodilee Ct			M 0	D 7	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check			
Full Name of Contributor Beverlyn Johns						
Street Address 1856 Oak St			M 0	D 7	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Michelle Wolfe						
Street Address 1269 Fareharm Dr			M 0	D 7	Y 3	Amount \$50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor Linda Slagle						
Street Address 600 Sheldon Ave			M 0	D 7	Y 3	Amount \$50.00
City Columbus	State OH	Zip Code 43207	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."

\$500.00

Page Total \$