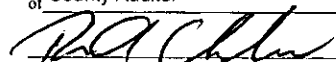


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Sharon James				
Street Address 5329 Loch Leven Ct				M D Y Amount 0 1 3 0 1 4 \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tim Donahue				
Street Address 2188 Case Rd				M D Y Amount 0 1 3 0 1 4 \$100.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Check	
Full Name of Contributor Corey Schwartz				
Street Address 138 Olentangy Meadows Dr				M D Y Amount 0 1 3 0 1 4 \$50.00
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kimbol Stroud				
Street Address 947 Chara Ln				M D Y Amount 0 1 3 0 1 4 \$100.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amber Davidson				
Street Address 4957 Whistlewood Ln				M D Y Amount 0 1 3 0 1 4 \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kim McIlwaine				
Street Address 520 Richwood Dr				M D Y Amount 0 1 3 0 1 4 \$100.00
City Pataskala	State OH	Zip Code 43062	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."

\$550.00

Page Total \$