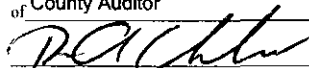


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo			
Full Name of Contributor Barb Fisher			
Street Address 2650 Sawmill Reserve Dr			M D Y Amount 0 1 3 1 1 4 \$300.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check
Full Name of Contributor Total Employee Contributions From Pages 41 Thru 45			
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.)
Full Name of Contributor			
Street Address			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.)
Full Name of Contributor			
Street Address			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."

\$300.00
Page Total \$ _____