

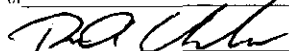
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor John Price						
Street Address 505 Whitney Ave			M 0	D 4	Y 2	Amount \$35.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sally Damceski						
Street Address 9658 Wagonwood Dr			M 0	D 5	Y 0	Amount \$35.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check			
Full Name of Contributor Vance Cerasini						
Street Address 2105 Jodilee Ct			M 0	D 5	Y 0	Amount \$35.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check			
Full Name of Contributor Barb Fisher						
Street Address 2650 Sawmill Reserve Dr			M 0	D 5	Y 0	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check			
Full Name of Contributor Alande Orelie						
Street Address 5567 Cartwright Ln			M 0	D 5	Y 0	Amount \$35.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Check			
Full Name of Contributor Larry McQuain						
Street Address 6886 Sagestone Dr			M 0	D 5	Y 0	Amount \$100.00
City Dublin	State OH	Zip Code 43017	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."

\$340.00

Page Total \$ _____