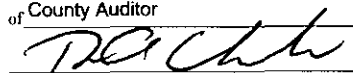


Contributors in Officeholder's Employ

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 8	Y 1	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pat Bucklew						
Street Address 6567 Sunbury Rd			M 0	D 8	Y 1	Amount \$50.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Cash			
Full Name of Contributor George Mance						
Street Address 3741 Kinsey Rd			M 0	D 8	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Kimbol Stroud						
Street Address 947 Chara Ln			M 0	D 8	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Chris Holdrieth						
Street Address 947 Chara Ln			M 0	D 8	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Terri Bettinger						
Street Address 5180 Cascade Dr			M 0	D 8	Y 1	Amount \$150.00
City Powell	State OH	Zip Code 43065	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."

\$450.00
Page Total \$