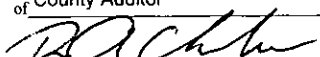


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor Vicky Anthony							
Street Address 2591 Bryton Dr				M 0	D 6	Y 2	Amount \$50.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check				
Full Name of Contributor Cindi Becker							
Street Address 3046 Bretton Woods Dr				M 0	D 6	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Check				
Full Name of Contributor Linda Slagle							
Street Address 600 Sheldon Ave				M 0	D 6	Y 2	Amount \$400.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check				
Full Name of Contributor Kimbol Stroud							
Street Address 947 Chara Ln				M 0	D 6	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check				
Full Name of Contributor Vance Cerasini							
Street Address 2105 Jodilee Ct				M 0	D 6	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check				
Full Name of Contributor Total Employee Contributions From Pages 81 and 82							
Street Address Transferred to Form 31-E				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."

\$750.00

Page Total \$