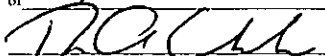


## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>							
Full Name of Contributor <b>Carolyn Stuhr</b>							
Street Address <b>306 Lesleh Ave</b>				M <b>0</b>	D <b>7</b>	Y <b>0</b>	Amount <b>\$100.00</b>
City <b>Groveport</b>	State <b>OH</b>	Zip Code <b>43125</b>	Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Chuck Coleman</b>							
Street Address <b>3263 Benbrook Pond Dr</b>				M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$40.00</b>
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Vance Cerasini</b>							
Street Address <b>2105 Jodilee Ct</b>				M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$40.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Tony Frissora</b>							
Street Address <b>520 Preservation Ln</b>				M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$120.00</b>
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Carolyn Hauger</b>							
Street Address <b>2065 Wayfaring Dr</b>				M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$80.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Kam Perry</b>							
Street Address <b>170 Laurel Dr</b>				M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$80.00</b>
City <b>Pataskala</b>	State <b>OH</b>	Zip Code <b>43062</b>	Form (Cash, Check, etc.) <b>Check</b>				

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."

**\$460.00**

Page Total \$