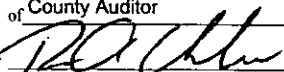


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor Jarrold Frobose						
Street Address 165 Garden Rd			M 0	D 1	Y 2	Amount \$300.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pete Stevens						
Street Address 237 E Deshler Ave			M 0	D 1	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mark Potts						
Street Address 330 Guernsey Ave			M 0	D 1	Y 3	Amount \$50.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check			
Full Name of Contributor John Price						
Street Address 505 Whitney Ave			M 0	D 1	Y 3	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kam Perry						
Street Address 170 Laurel Dr			M 0	D 1	Y 3	Amount \$50.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check			
Full Name of Contributor Alande Orelie						
Street Address 5567 Cartwright Ln			M 0	D 1	Y 3	Amount \$50.00
City Columbus	State OH	Zip Code 43231	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."

\$600.00
Page Total \$