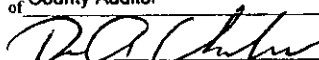


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Ed O'Block				
Street Address 5765 Stevens Dr				M D Y Amount 0 7 2 7 1 1 \$40.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Tim Donahue				
Street Address 2188 Case Rd				M D Y Amount 0 7 2 7 1 1 \$40.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Barb Fisher				
Street Address 177 W Case St				M D Y Amount 0 8 0 1 1 1 \$40.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kimbol Stroud				
Street Address 947 Chara Ln				M D Y Amount 0 8 0 1 1 1 \$40.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy Christman				
Street Address 408 Siesta Dr				M D Y Amount 0 8 0 1 1 1 \$40.00
City Marion	State OH	Zip Code 43302	Form (Cash, Check, etc.) Check	
Full Name of Contributor Agatha Shields				
Street Address 359 Forestwood Dr				M D Y Amount 0 8 0 1 1 1 \$80.00
City Gahanna	State OH	Zip Code 43230	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."

\$280.00

Page Total \$