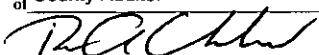


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Tim Donahue				
Street Address 2188 Case Rd				M D Y Amount 0 6 1 5 1 0 \$40.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Melissa Belhorn				
Street Address 8444 Papillon Ave				M D Y Amount 0 6 1 5 1 0 \$40.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Dana Hughes				
Street Address 2871 Annabelle Ct				M D Y Amount 0 6 1 5 1 0 \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jerzell Piere Louis				
Street Address 6227 Berringer Dr				M D Y Amount 0 6 1 5 1 0 \$40.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Shelley May				
Street Address 12283 Cleo Dr				M D Y Amount 0 6 1 5 1 0 \$40.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jamie Abraham				
Street Address 2083 Park Run Dr				M D Y Amount 0 6 1 5 1 0 \$40.00
City Columbus	State OH	Zip Code 43220	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."

\$250.00
Page Total \$