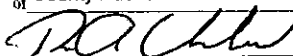


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo			
Full Name of Contributor Gary Haynes			
Street Address 5335 Ulry Rd			M D Y Amount 0 6 1 0 1 0 \$50.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check
Full Name of Contributor Ed O'Block			
Street Address 5765 Stevens Dr			M D Y Amount 0 6 1 0 1 0 \$46.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check
Full Name of Contributor Dave O'Neal			
Street Address 646 City Park Ave			M D Y Amount 0 6 1 4 1 0 \$40.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Kimbol Stroud			
Street Address 947 Chara Lane			M D Y Amount 0 6 1 4 1 0 \$40.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check
Full Name of Contributor Becky Reed			
Street Address 3402 Richard Ave			M D Y Amount 0 6 1 4 1 0 \$40.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check
Full Name of Contributor Michelle Wolfe			
Street Address 1269 Fareharm Dr			M D Y Amount 0 6 1 4 1 0 \$40.00
City New Albany	State OH	Zip Code 43054	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."

\$256.00
Page Total \$