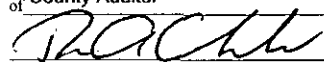


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor Kerri Ritchie						
Street Address 6 W Race St			M 0	D 7	Y 1	Amount \$40.00
City Mechanicsburg	State OH	Zip Code 43044	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jerzell Piere Louis						
Street Address 6227 Berringer Dr			M 0	D 7	Y 1	Amount \$40.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dave O'Neal						
Street Address 646 City Park Ave			M 0	D 7	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sandra Fais						
Street Address 1793 Bluff Ave			M 0	D 7	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Chris Holdrieth						
Street Address 5016 Postlewaite Rd			M 0	D 7	Y 1	Amount \$40.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sharon James						
Street Address 8682 Davington Dr			M 0	D 7	Y 1	Amount \$40.00
City Dublin	State OH	Zip Code 43017	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."

\$240.00

Page Total \$