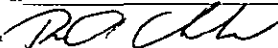


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor Gary Woodward						
Street Address 4665 Brixshire Dr			M 0	D 7	Y 3	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Margie Betts						
Street Address 71 E Deshler			M 0	D 7	Y 3	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michelle Wolfe						
Street Address 1269 Fareharm Dr			M 0	D 7	Y 3	Amount \$50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michelle Merrick						
Street Address 6454 Fox Hill Dr			M 0	D 7	Y 3	Amount \$50.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) Check			
Full Name of Contributor Chris Holdrieth						
Street Address 5016 Postlewaite Rd			M 0	D 7	Y 3	Amount \$550.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jamie Abraham						
Street Address 2083 Park Run Dr			M 0	D 7	Y 3	Amount \$50.00
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."

\$800.00
Page Total \$