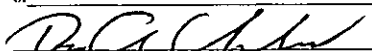


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo										
Full Name of Contributor Michelle Callahan										
Street Address 8071 Artisan Way				M 1	D 2	Y 0	Y 2	Y 1	Y 1	Amount \$35.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check							
Full Name of Contributor Michelle May										
Street Address 12283 Cleo Dr				M 1	D 2	Y 0	Y 2	Y 1	Y 1	Amount \$40.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check							
Full Name of Contributor Sharon James										
Street Address 8682 Davington Dr				M 1	D 2	Y 0	Y 2	Y 1	Y 1	Amount \$35.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check							
Full Name of Contributor Barb Fisher										
Street Address 177 W Case St				M 1	D 2	Y 0	Y 2	Y 1	Y 1	Amount \$35.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check							
Full Name of Contributor Larry McQuain										
Street Address 6886 Sagestone Dr				M 1	D 2	Y 0	Y 2	Y 1	Y 1	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check							
Full Name of Contributor Cindi Becker										
Street Address 3046 Bretton Woods Dr				M 1	D 2	Y 0	Y 2	Y 1	Y 1	Amount \$100.00
City Columbus	State OH	Zip Code 43231	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."

\$345.00

Page Total \$