

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo									
Full Name of Contributor Laurie Ludlum									
Street Address 1615 Dundee Ct			M	D	Y	Amount			
			0	4	2	0	1	0	\$50.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Check						
Full Name of Contributor Tim Donahue									
Street Address 2188 Case Rd			M	D	Y	Amount			
			0	4	2	0	1	0	\$50.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Check						
Full Name of Contributor Total of Pages 35 Thru 36 Transferred To Form 31-E									
Street Address					M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor					M	D	Y	Amount	
Street Address									
City	State OH	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor					M	D	Y	Amount	
Street Address									
City	State OH	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor					M	D	Y	Amount	
Street Address									
City	State OH	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor					M	D	Y	Amount	
Street Address									
City	State OH	Zip Code	Form (Cash, Check, etc.)						

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."

\$100.00
Page Total \$ _____