

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor Total of Pages 26 Thru 33 Transferred To Form 31-E						
Street Address			M	D	Y	Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	Sta te 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] (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."

\$0.00
Page Total \$