

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>					
Full Name of Contributor <b>Total of Employee Contributions from Pages <u>44</u> and <u>45</u></b>					
Street Address <b>Transferred to Form 31-E</b>		M	D	Y	Amount
City	State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		M	D	Y	Amount
City	State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		M	D	Y	Amount
City	State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		M	D	Y	Amount
City	State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		M	D	Y	Amount
City	State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		M	D	Y	Amount
City	State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		M	D	Y	Amount
City	State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	

The above are employees of a unit or department under the direct supervision and control of \_\_\_\_\_, who currently holds the public office

of \_\_\_\_\_. 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."

**\$0.00**

Page Total \$ \_\_\_\_\_