

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 Employee Contributions from Pages 44 and 45			
Street Address Transferred to Form 31-E			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			
	<u> </u>		
Street Address			M D Y Amount
City	Cali	Zia Codo	Form (C-th Chad 191)
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	ГОП	1	
Can Come of Controller			
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name of Contributor		<u> </u>	
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			
S. Address			Af Di M Annua
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Cny	OH	zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		
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The above are employees of a unit or department under the direct supervision and control of			who currently holds the public office
of1 he	ereby affirm that each contribution was v	oluntarily made.	
(Si	gnature of Treasurer or Deputy Treasure	r)	
	O		

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 No. 31-G."

\$0.00
Page Total \$