

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo									
Full Name of Contributor Jarrold Frobose									
Street Address 165 Garden Rd			M 0	D 5	Y 0	Y 9	Y 1	Y 4	Amount \$35.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check						
Full Name of Contributor George Mance									
Street Address 3741 Kinsey Dr			M 0	D 5	Y 1	Y 2	Y 1	Y 4	Amount \$20.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Cash						
Full Name of Contributor Vicky Anthony									
Street Address 2591 Bryton Dr			M 0	D 5	Y 1	Y 2	Y 1	Y 4	Amount \$40.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Cash						
Full Name of Contributor Total Employee Contributions From Pages <u>23</u> and <u>24</u>									
Street Address Transferred to Form 31-E			M	D	Y	Y	Y	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor									
Street Address			M	D	Y	Y	Y	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)						
Full Name of Contributor									
Street Address			M	D	Y	Y	Y	Y	Amount
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."

\$95.00

Page Total \$ _____