



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Citizens for Mingo

Full Name of Contributor

Total Employee Transactions From Pages 111 Through 113

Street Address

Transferred to Form 31-A

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

OH

Form (Cash, Check, etc.)

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

OH

Form (Cash, Check, etc.)

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

OH

Form (Cash, Check, etc.)

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

Zip Code

OH

Form (Cash, Check, etc.)

The above are employees of a unit or department under the direct supervision and control of _____,

Name of Officeholder

who currently holds the public office _____.

Name of Public Office

I hereby affirm that each contribution was voluntarily made.

(Signature of Treasurer or Deputy Treasurer)