


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor George Mance				
Street Address 3741 Kinsey Dr				
City Columbus	State OH	Zip Code 43224	M 0 D 4 Y 2	Amount \$50.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor				
Street Address				
City	State OH	Zip Code	M D Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State OH	Zip Code	M D Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State OH	Zip Code	M D Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State OH	Zip Code	M D Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State OH	Zip Code	M D Y	Amount
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."

\$50.00
Page Total \$