

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Totals of Pages 80 Thru 83 Transferred To Form 31-E				
Street Address				M D Y Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor				
Street Address				M D Y Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor				
Street Address				M D Y Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor				
Street Address				M D Y Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor				
Street Address				M D Y Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor				
Street Address				M D 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.

Rachel (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 \$