

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

| Name of Committee in Full Citizens for Mingo | | | | | | |
|--|--------------------|----------|--------------------------|---|---|--------|
| Full Name of Contributor <i>Total of Pages 29 Thru 40</i> | | | | | | |
| Street Address <i>Transferred To Form 31-E</i> | | | 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.) | | | |
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| 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.

DA CH (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 \$