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## **Contributors in Officeholder's Employ**

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Mingo				_			
Full Name of Contributor							
Street Address  Transferred To Form 31-E  City  Sta te Zip Code			M				
Street Address				D	Y	Amount	
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City	OH	Zip Code	rorm (C	ash, Che	ck, etc.)		
Full Name of Contributor							
Street Address			М	D	Y	Amount	
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)		
Tall Name of Contains	ОН						
Full Name of Contributor							
Street Address			M	D	Y	Amount	
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)		
	ОН						
Full Name of Contributor							
	***************************************						
Street Address			М	D	Y	Amount	
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)		
	ОН						
Full Name of Contributor							
Street Address			M	D	Y	Amount	
pacer / Mulicos			103		1		
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)		
	ОН				_		
Full Name of Contributor							
Street Address			M	D	Y	Amount	
City	Sta te	Zip Code	Form (C	Cash, Che	ck. etc.)		
c.,	OH		1 Sim (C	, 0110	, 5.0.7		
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."

**\$0.00**Page Total \$