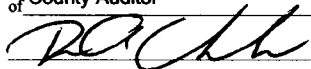


# Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>			
Full Name of Contributor <b>Total of Employee Contributions From Pages 61 Through 65</b>			
Street Address <b>Transferred to Form 31-E</b>			M   D   Y   Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M   D   Y   Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M   D   Y   Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M   D   Y   Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M   D   Y   Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M   D   Y   Amount
City	State <b>OH</b>	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.



(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 \$