

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Israth Sameem				
Street Address 5398 Aubrey Loop				M D Y Amount 1 0 0 3 1 4 \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Larry McQuain				
Street Address 6886 Sagestone Dr				M D Y Amount 1 0 0 3 1 4 \$25.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Vance Cerasini				
Street Address 2105 Jodilee Ct				M D Y Amount 1 0 0 6 1 4 \$250.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kim McIlwaine				
Street Address 520 Richwood Dr				M D Y Amount 1 0 0 6 1 4 \$50.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kevin Schultz				
Street Address 7320 Skyline Dr				M D Y Amount 1 0 0 6 1 4 \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Total Employee Contributions From Page <u>95</u>				
Street Address Transferred to Form 31-E				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.

[Signature] (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."

\$475.00
Page Total \$