Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full	···		
Citizens for Mingo			
Full Name of Contributor			
Vance Cerasini			
Street Address			M D Y Amount
2105 Jodilee Ct			0 8 0 7 1 4 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43228	Check
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		
Linda Slagle			
Street Address			M D Y Amount
600 Sheldon Ave			0 8 0 7 1 4 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43207	Check
Full Name of Contributor			
Susan Bradshaw			
Street Address			M D Y Amount
473 Slate Run Dr			0 8 0 7 1 4 \$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	Check
Full Name of Contributor			
Jacqueline Taylor			
Street Address			M D Y Amount
3485 Boxelder Pl	<u>-</u>		0 8 0 7 1 4 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
Full Name of Contributor Michelle Wolfe			
			M. I. D. I. V. I Amount
Street Address 1269 Fareharm Dr			0 8 0 7 1 4 Amount \$100.00
City	Sta tc	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	Check
Full Name of Contributor Kam Репу			
Street Address 170 Laurel Dr			0 8 0 7 1 4 Amount \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pataskala	OH	43062	Check
	CI	arence E. Mingo	, who currently holds the public office
The above are employees of a unit or department under	the direct supervision and control of	 	, And currently notes the paone office
of County Auditor	creby affirm that each contribution was v	oluntarily made.	
WAChh "	ignature of Treasurer or Deputy Treasure	r)	

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 No. 31-G."

\$425.00

Page Total \$