

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 2105 Jodilee Ct				Amount \$250.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jarrold Frobose				
Street Address 165 Garden Rd				Amount \$25.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kimbol Stroud				
Street Address 947 Chara Ln				Amount \$25.00
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pete Stevens				
Street Address 237 E Deshler Ave				Amount \$25.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dave O'Neil				
Street Address 899 S Third St				Amount \$25.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Shelley May				
Street Address 12283 Cleo Rd				Amount \$25.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check	

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."

\$375.00

Page Total \$ _____