



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Citizens for Mingo

Full Name of Contributor

Vance Cerasini

Street Address

2105 Jodilee Ct

Date (MM/DD/YYYY)

11/29/2017

Amount

100.00

City

Columbus

State

OH

Zip Code

43228

Form (Cash, Check, etc.)

EFT

Full Name of Contributor

John Price

Street Address

2920 Snouffer Rd

Date (MM/DD/YYYY)

12/01/2017

Amount

100.00

City

Columbus

State

OH

Zip Code

43235

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Mark Potts

Street Address

330 Guernsey Ave

Date (MM/DD/YYYY)

12/08/2017

Amount

100.00

City

Columbus

State

OH

Zip Code

43204

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Amy Christman

Street Address

48 Siesta Dr

Date (MM/DD/YYYY)

12/08/2017

Amount

150.00

City

Marion

State

OH

Zip Code

43302

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 County Auditor

Name of Officeholder

Name of Public Office

I hereby affirm that each contribution was voluntarily made.

(Signature of Treasurer or Deputy Treasurer)