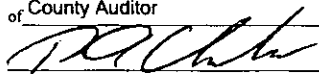


## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Vance Cerasini</b>				
Street Address <b>2105 Jodilee Ct</b>				
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	M   D   Y <b>0   1   1   6   1   4</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Total Employee Contributions From Page 59</b>				
Street Address <b>Transferred to Form 31-E</b>				
City	State <b>OH</b>	Zip Code	M   D   Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State <b>OH</b>	Zip Code	M   D   Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State <b>OH</b>	Zip Code	M   D   Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State <b>OH</b>	Zip Code	M   D   Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State <b>OH</b>	Zip Code	M   D   Y	Amount
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."

**\$100.00**

Page Total \$ \_\_\_\_\_