

## 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>				M <b>0</b>	D <b>7</b>	Y <b>0</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Total Employee Contributions From Page 42</b>							
Street Address <b>Transferred To Form 31-E</b>				M <b></b>	D <b></b>	Y <b></b>	Amount <b></b>
City <b></b>	State <b>OH</b>	Zip Code <b></b>	Form (Cash, Check, etc.) <b></b>				
Full Name of Contributor <b></b>							
Street Address <b></b>				M <b></b>	D <b></b>	Y <b></b>	Amount <b></b>
City <b></b>	State <b>OH</b>	Zip Code <b></b>	Form (Cash, Check, etc.) <b></b>				
Full Name of Contributor <b></b>							
Street Address <b></b>				M <b></b>	D <b></b>	Y <b></b>	Amount <b></b>
City <b></b>	State <b>OH</b>	Zip Code <b></b>	Form (Cash, Check, etc.) <b></b>				
Full Name of Contributor <b></b>							
Street Address <b></b>				M <b></b>	D <b></b>	Y <b></b>	Amount <b></b>
City <b></b>	State <b>OH</b>	Zip Code <b></b>	Form (Cash, Check, etc.) <b></b>				
Full Name of Contributor <b></b>							
Street Address <b></b>				M <b></b>	D <b></b>	Y <b></b>	Amount <b></b>
City <b></b>	State <b>OH</b>	Zip Code <b></b>	Form (Cash, Check, etc.) <b></b>				

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 \$