

## 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 9 2 2 1 0 \$100.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43228	Check	
Full Name of Contributor	• •		1	
Totals of Pages 85 and 86 Transferred to Form 31-E				
Street Address			M D Y Amount	
City	Starte OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address			M D Y Amount	
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address			M D Y Amount	
City	Starte OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address			M D Y Amount	
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		· ·		
Street Address		<del></del>	M D Y Amount	
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
The above are employees of a unit or department under the direct supervision and control of Clarence E. Mingo				
of County Auditor	affirm that each contribution was v	oluntarily made.		
	tre 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 No. 31-G."

\$100.00
Page Total \$