



**Contributors in Officeholder's Employ**

Form 31-G  
R.C. 3517.10

**Full Name of Committee**

Citizens for Mingo

**Full Name of Contributor**

Nancy Hill

**Street Address**

2615 N 4th St

**Date (MM/DD/YYYY)**

07/23/2018

**Amount**

50.00

**City**

Columbus

**State**

OH

**Zip Code**

43202

**Form (Cash, Check, etc.)**

Check

**Full Name of Contributor**

Susan Bradshaw

**Street Address**

473 Slate Run Dr

**Date (MM/DD/YYYY)**

07/23/2018

**Amount**

150.00

**City**

Powell

**State**

OH

**Zip Code**

43065

**Form (Cash, Check, etc.)**

Check

**Full Name of Contributor**

Michelle Wolfe

**Street Address**

1269 Fareham Dr

**Date (MM/DD/YYYY)**

07/23/2018

**Amount**

50.00

**City**

New Albany

**State**

OH

**Zip Code**

43054

**Form (Cash, Check, etc.)**

Check

**Full Name of Contributor**

Madhav Pokhrel

**Street Address**

1150 Bayridge Dr

**Date (MM/DD/YYYY)**

07/23/2018

**Amount**

75.00

**City**

Lewis Center

**State**

OH

**Zip Code**

43035

**Form (Cash, Check, etc.)**

Check

The above are employees of a unit or department under the direct supervision and control of Clarence E. Mingo

Name of Officeholder

who currently holds the public office County Auditor

Name of Public Office

I hereby affirm that each contribution was voluntarily made.

(Signature of Treasurer or Deputy Treasurer)