

**Contributors in Officeholder's Employ**Form 31-G
R.C. 3517.10**Full Name of Committee**

Citizens for Mingo

Full Name of Contributor

Kim McIlwaine

Street Address

520 Richwood Dr

Date (MM/DD/YYYY)

10/29/2018

Amount

50.00

City

Pataskala

State

OH

Zip Code

43062

Form (Cash, Check, etc.)

EFT

Full Name of Contributor

Sally Damceski

Street Address

9658 Wagonwood Dr

Date (MM/DD/YYYY)

10/29/2018

Amount

40.00

City

Pickerington

State

OH

Zip Code

43147

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Barb Fisher

Street Address

2650 Sawmill Reserve Dr

Date (MM/DD/YYYY)

10/29/2018

Amount

50.00

City

Powell

State

OH

Zip Code

43065

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Susan Bradshaw

Street Address

473 Slate Run Dr

Date (MM/DD/YYYY)

10/29/2018

Amount

50.00

City

Powell

State

OH

Zip Code

43065

Form (Cash, Check, etc.)

Check

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