



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Citizens for Mingo

Full Name of Contributor

Nancy Rhynard

Street Address

4355 Langton Rd

Date (MM/DD/YYYY)

10/04/2018

Amount

50.00

City

Hilliard

State

OH

Zip Code

43026

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Total Employee Contributions From Pages **105** Through **110**

Street Address

Transferred to Form 31-E

Date (MM/DD/YYYY)

Amount

City

State

OH

Zip Code

Form (Cash, Check, etc.)

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

OH

Zip Code

Form (Cash, Check, etc.)

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

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

who 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)