



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Citizens for Mingo

Full Name of Contributor

Amy Christman

Street Address

408 Siesta Dr

Date (MM/DD/YYYY)

07/27/2018

Amount

150.00

City

Marion

State

OH

Zip Code

43302

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Harrietta Walker

Street Address

3269 Long Cove Ct

Date (MM/DD/YYYY)

07/27/2018

Amount

50.00

City

Pickerington

State

OH

Zip Code

43147

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Kimbol Stroud

Street Address

947 Chara Ln

Date (MM/DD/YYYY)

07/27/2018

Amount

150.00

City

Columbus

State

OH

Zip Code

43240

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Kim McIlwaine

Street Address

520 Richwood Dr

Date (MM/DD/YYYY)

07/27/2018

Amount

100.00

City

Pataskala

State

OH

Zip Code

43062

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)