



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee
Citizens for Mingo

Full Name of Contributor
Haley Callahan

| | | |
|---------------------------------------|--|------------------------|
| Street Address 2319 Swansea | Date (MM/DD/YYYY) 10/31/2018 | Amount 30.00 |
|---------------------------------------|--|------------------------|

| | | | |
|-------------------------|--------------------|--------------------------|--|
| City Columbus | State OH | Zip Code 43221 | Form (Cash, Check, etc.) EFT |
|-------------------------|--------------------|--------------------------|--|

Full Name of Contributor
Elizabeth Ondrey

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|--|--|------------------------|
| Street Address 9147 Constitution Ave | Date (MM/DD/YYYY) 10/31/2018 | Amount 30.00 |
|--|--|------------------------|

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|-----------------------|--------------------|--------------------------|--|
| City Orient | State OH | Zip Code 43146 | Form (Cash, Check, etc.) Check |
|-----------------------|--------------------|--------------------------|--|

Full Name of Contributor
Barb Nudel

| | | |
|--|--|------------------------|
| Street Address 5111 Havenside Dr | Date (MM/DD/YYYY) 10/31/2018 | Amount 30.00 |
|--|--|------------------------|

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|-------------------------|--------------------|--------------------------|--|
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check |
|-------------------------|--------------------|--------------------------|--|

Full Name of Contributor
Kim McIlwaine

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|--|--|------------------------|
| Street Address 520 Richwood Dr | Date (MM/DD/YYYY) 10/31/2018 | Amount 30.00 |
|--|--|------------------------|

| | | | |
|--------------------------|--------------------|--------------------------|--|
| 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
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)