



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Citizens for Mingo

Full Name of Contributor

Alande Orelie

Street Address

5567 Cartwright Ln

Date (MM/DD/YYYY)

12/08/2017

Amount

100.00

City

Columbus

State

OH

Zip Code

43231

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Charity Crouse

Street Address

6803 Alex Dr

Date (MM/DD/YYYY)

12/08/2017

Amount

50.00

City

Canal Winchester

State

OH

Zip Code

43110

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Haley Callahan

Street Address

6779 Middlebrook Blvd

Date (MM/DD/YYYY)

12/08/2017

Amount

50.00

City

Middleburg Heights

State

OH

Zip Code

44130

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Kelly Washington

Street Address

7471 Williamson Ln

Date (MM/DD/YYYY)

12/08/2017

Amount

100.00

City

Canal Winchester

State

OH

Zip Code

43110

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)

Page Total \$300.00