



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Citizens for Mingo

Full Name of Contributor

Michelle Wolfe

Street Address

1269 Fareharm Dr

Date (MM/DD/YYYY)

01/29/2018

Amount

50.00

City

New Albany

State

OH

Zip Code

43054

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Teresa Balser

Street Address

2018 Burbridge Ln

Date (MM/DD/YYYY)

01/29/2018

Amount

50.00

City

Hilliard

State

OH

Zip Code

43026

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Susan Bradshaw

Street Address

473 Slate Run Dr

Date (MM/DD/YYYY)

01/29/2018

Amount

50.00

City

Powell

State

OH

Zip Code

43065

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Shannon Christian

Street Address

167 Hathaway Rd

Date (MM/DD/YYYY)

01/29/2018

Amount

50.00

City

West Jefferson

State

OH

Zip Code

43162

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)