



**Contributors in Officeholder's Employ**

Form 31-G  
R.C. 3517.10

**Full Name of Committee**

Citizens for Mingo

**Full Name of Contributor**

John Price

**Street Address**

2920 Snouffer Rd

**Date (MM/DD/YYYY)**

09/17/2018

**Amount**

100.00

**City**

Columbus

**State**

OH

**Zip Code**

43235

**Form (Cash, Check, etc.)**

Check

**Full Name of Contributor**

Paula Farrell

**Street Address**

4061 Appleleaf Dr

**Date (MM/DD/YYYY)**

09/28/2018

**Amount**

50.00

**City**

Gahanna

**State**

OH

**Zip Code**

43230

**Form (Cash, Check, etc.)**

Check

**Full Name of Contributor**

Cinda Stuhr

**Street Address**

547 Canal St

**Date (MM/DD/YYYY)**

09/28/2018

**Amount**

100.00

**City**

Groveport

**State**

OH

**Zip Code**

43125

**Form (Cash, Check, etc.)**

Check

**Full Name of Contributor**

Barb Fisher

**Street Address**

2650 Sawmill Reserve Dr

**Date (MM/DD/YYYY)**

10/02/2018

**Amount**

500.00

**City**

Powell

**State**

OH

**Zip Code**

43065

**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)