



**Contributors in Officeholder's Employ**

Form 31-G  
R.C. 3517.10

**Full Name of Committee**

Citizens for Mingo

**Full Name of Contributor**

Michelle May

**Street Address**

12283 Cleo Rd

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

09/07/2018

**Amount**

50.00

**City**

Orient

**State**

OH

**Zip Code**

43146

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

Check

**Full Name of Contributor**

Kim Mclwaine

**Street Address**

520 Richwood Dr

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

09/07/2018

**Amount**

100.00

**City**

Pataskala

**State**

OH

**Zip Code**

43062

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

Check

**Full Name of Contributor**

James Lutz

**Street Address**

3851 Powder Ridge Rd

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

09/07/2018

**Amount**

25.00

**City**

Grove City

**State**

OH

**Zip Code**

43123

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

Check

**Full Name of Contributor**

Susan Bradshaw

**Street Address**

473 Slate Run Dr

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

09/07/2018

**Amount**

50.00

**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)