



**Contributors in Officeholder's Employ**

Form 31-G  
R.C. 3517.10

**Full Name of Committee**

Citizens for Mingo

**Full Name of Contributor**

Kelly Washington

**Street Address**

7471 Williamson Ln

Date (MM/DD/YYYY)

09/17/2018

Amount

200.00

**City**

Canal Winchester

**State**

OH

**Zip Code**

43110

Form (Cash, Check, etc.)

Check

**Full Name of Contributor**

Dave O'Neil

**Street Address**

744 S 3rd St

Date (MM/DD/YYYY)

09/28/2018

Amount

100.00

**City**

Columbus

**State**

OH

**Zip Code**

43206

Form (Cash, Check, etc.)

Check

**Full Name of Contributor**

Total Employee Contributions From Pages 100 Through 104

**Street Address**

Transferred to Form 31-E

Date (MM/DD/YYYY)

Amount

**City**

**State**

OH

**Zip Code**

Form (Cash, Check, etc.)

**Full Name of Contributor**

**Street Address**

Date (MM/DD/YYYY)

Amount

**City**

**State**

OH

**Zip Code**

Form (Cash, Check, etc.)

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)