



**Contributors in Officeholder's Employ**

Form 31-G  
R.C. 3517.10

**Full Name of Committee**

Citizens for Mingo

**Full Name of Contributor**

Larry McQuain

**Street Address**

6886 Sagestone Dr

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

05/30/2018

**Amount**

500.00

**City**

Dublin

**State**

OH

**Zip Code**

43017

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

EFT

**Full Name of Contributor**

Brian Katz

**Street Address**

180 Thurman Ave

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

06/11/2018

**Amount**

300.00

**City**

Columbus

**State**

OH

**Zip Code**

43206

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

Check

**Full Name of Contributor**

Total Employee Contributions From Page **29**

**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

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]*  
Treasurer

(Signature of Treasurer or Deputy Treasurer)