



## 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)**

08/01/2017

**Amount**

250.00

**City**

Dublin

**State**

OH

**Zip Code**

43016

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

EFT

**Full Name of Contributor**

Brian Katz

**Street Address**

180 Thurman Ave

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

10/27/2017

**Amount**

500.00

**City**

Columbus

**State**

OH

**Zip Code**

43206

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

Check

**Full Name of Contributor**

Angie Musselman

**Street Address**

6934 Rothwell St

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

10/27/2017

**Amount**

500.00

**City**

New Albany

**State**

OH

**Zip Code**

43054

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

Check

**Full Name of Contributor**

Cynthia Becker

**Street Address**

3046 Bretton Woods Dr

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

10/27/2017

**Amount**

1,000.00

**City**

Columbus

**State**

OH

**Zip Code**

43231

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

Check

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 of Treasurer or Deputy Treasurer)