



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Citizens for Mingo

Full Name of Contributor

Alande Orelie

Street Address

5567 Cartwright Ln

Date (MM/DD/YYYY)

01/29/2018

Amount

100.00

City

Columbus

State

OH

Zip Code

43231

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Nancy Rhynard

Street Address

4355 Langton Rd

Date (MM/DD/YYYY)

01/29/2018

Amount

100.00

City

Hilliard

State

OH

Zip Code

43026

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Dave O'Neil

Street Address

744 S 3rd St

Date (MM/DD/YYYY)

01/29/2018

Amount

50.00

City

Columbus

State

OH

Zip Code

43206

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Kelly Washington

Street Address

7471 Williamson Ln

Date (MM/DD/YYYY)

01/29/2018

Amount

80.00

City

Canal Winchester

State

OH

Zip Code

43110

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)