

**Contributors in Officeholder's Employ**Form 31-G  
R.C. 3517.10**Full Name of Committee**

Citizens for Mingo

**Full Name of Contributor**

Amy Christman

**Street Address**

408 Siesta Dr

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

10/02/2018

**Amount**

100.00

**City**

Marion

**State**

OH

**Zip Code**

43302

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

Check

**Full Name of Contributor**

Barb Nudel

**Street Address**

5111 Havenside Dr

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

10/02/2018

**Amount**

30.00

**City**

Hilliard

**State**

OH

**Zip Code**

43026

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

Check

**Full Name of Contributor**

Barb Nudel

**Street Address**

5111 Havenside Dr

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

10/02/2018

**Amount**

20.00

**City**

Hilliard

**State**

OH

**Zip Code**

43026

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

Cash

**Full Name of Contributor**

Michelle Wolfe

**Street Address**

1269 Fareharm Dr

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

10/02/2018

**Amount**

50.00

**City**

New Albany

**State**

OH

**Zip Code**

43054

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

Cash

The above are employees of a unit or department under the direct supervision and control of Clarence E. Mingowho 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)