



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Citizens for Mingo

Full Name of Contributor

Kimbol Stroud

Street Address

947 Chara Ln

Date (MM/DD/YYYY)

09/07/2018

Amount

50.00

City

Columbus

State

OH

Zip Code

43240

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Jamie Abraham

Street Address

2083 Park Run Dr

Date (MM/DD/YYYY)

09/07/2018

Amount

25.00

City

Columbus

State

OH

Zip Code

43220

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Alande Orelie

Street Address

5567 Cartwright Ln

Date (MM/DD/YYYY)

09/07/2018

Amount

100.00

City

Columbus

State

OH

Zip Code

43231

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Rick James

Street Address

6751 Winemack Loop

Date (MM/DD/YYYY)

09/07/2018

Amount

100.00

City

Dublin

State

OH

Zip Code

43016

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)