



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Citizens for Mingo

Full Name of Contributor

Barb Fisher

Street Address

2650 Sawmill Reserve Dr

Date (MM/DD/YYYY)

05/02/2018

Amount

200.00

City

Powell

State

OH

Zip Code

43065

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Total Employee Contributions From Page **28**

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.)

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

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]
Treasurer

(Signature of Treasurer or Deputy Treasurer)