

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo												
Full Name of Contributor Mona Aswad												
Street Address 852 Tamara Dr				<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>2</td> <td>1</td> <td>\$50.00</td> </tr> </table>	M	D	Y	Amount	0	2	1	\$50.00
M	D	Y	Amount									
0	2	1	\$50.00									
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check									
Full Name of Contributor Totals of Pages 89 thru 96 Transferred to Form 31-E												
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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

of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$50.00

Page Total \$