

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo											
Full Name of Contributor Chuck Coleman											
Street Address 3263 Benbrook Pond Dr					M 1	D 2	Y 0	Y 2	Y 1	Y 1	Amount \$100.00
City Hilliard		State OH		Zip Code 43026		Form (Cash, Check, etc.) Check					
Full Name of Contributor Mona Aswad											
Street Address 852 Tamara Dr					M 1	D 2	Y 3	Y 0	Y 1	Y 1	Amount \$50.00
City Gahanna		State OH		Zip Code 43230		Form (Cash, Check, etc.) Check					
Full Name of Contributor Total Employee Contributions From Pages <u>38</u> Through <u>42</u>											
Street Address Transferred To Form 31-E					M	D	Y	Y	Y	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name of Contributor											
Street Address					M	D	Y	Y	Y	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name of Contributor											
Street Address					M	D	Y	Y	Y	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name of Contributor											
Street Address					M	D	Y	Y	Y	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name of Contributor											
Street Address					M	D	Y	Y	Y	Y	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

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."

\$150.00

Page Total \$