

# Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

10 APR -7 PM 2:28

Full Name of Committee <b>Citizens for Mingo</b>						Registration Number, if PAC <b>0000000000</b>			
Full Name of Candidate <b>Clarence E. Mingo</b>									
Street Address <b>8406 Leisner Ave</b>					Office Sought <b>County Auditor</b>		District		
City <b>New Albany</b>						State <b>OH</b>	Zip Code <b>43054</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2009 <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual
	July Monthly		August Monthly		September Monthly		Termination		
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$73,375.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$73,375.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$19,117.21
6. Balance on hand (line 4 minus line 5)	\$	\$54,257.79
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$2,000.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	.
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	.
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	.
12. Value of independent expenditures made (From Form No. 31-U)	\$	.
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	.

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Ross A. Chambers, Treasurer



04/06/10

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 38

Expenditure pages 8

Other pages 14

Total pages 60

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>							
Full Name of Contributor <b>Committee for Joseph W Testa, Ross Chambers, Treasurer</b>						Registration Number, if PAC	
Street Address <b>12364 Thoroughbred Dr</b>			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>		State <b>OH</b>	Zip Code <b>43147</b>	M <b>0</b>	D <b>9</b>	Y <b>15</b>	Amount <b>\$40,000.00</b>
Full Name of Contributor <b>Central Ohio Realtors PAC</b>						Registration Number, if PAC <b>CP401</b>	
Street Address <b>2700 Airport Dr</b>			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>	M <b>1</b>	D <b>0</b>	Y <b>08</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>John Lee</b>						Registration Number, if PAC	
Street Address <b>648 Mohawk St</b>			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	M <b>1</b>	D <b>0</b>	Y <b>27</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>Karin Andres</b>						Registration Number, if PAC	
Street Address <b>1557 Lafayette Dr., Apt B</b>			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	M <b>1</b>	D <b>1</b>	Y <b>01</b>	Amount <b>\$30.00</b>
Full Name of Contributor <b>Leslie Wexner</b>						Registration Number, if PAC	
Street Address <b>3 Limited Parkway</b>			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>1</b>	Y <b>06</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		<b>OH</b>					

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>							
Full Name of Contributor <b>Contributions From Form 31-E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount <b>\$7,415.00</b>
Full Name of Contributor <b>Contributions From Form 31-E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount <b>\$24,180.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					M	D	Y	Amount	
<b>Citizens for Mingo</b>					0	9	15	09	\$25.00
To Whom Paid <b>Huntington National Bank</b>									
Address 7 Easton Oval		Purpose Service Charge							
City Columbus		State OH	Zip Code 43218	Check Number EFT					
To Whom Paid <b>Matt Borges</b>					0	9	18	09	\$5,000.00
Address 845 S Third St									
City Columbus		State OH	Zip Code 43206	Check Number 1026					
To Whom Paid <b>XPEDX</b>					0	9	22	09	\$37.55
Address 764 Morrison Rd									
City Columbus		State OH	Zip Code 43230	Check Number Debit Card					
To Whom Paid <b>Postmaster</b>					0	9	23	09	\$220.00
Address 2935 E Main St									
City Columbus		State OH	Zip Code 43209	Check Number Debit Card					
To Whom Paid <b>Minuteman Press</b>					0	9	23	09	\$88.07
Address 18 Westerville Dr									
City Westerville		State OH	Zip Code 43081	Check Number Debit Card					
To Whom Paid <b>Monks Copy Shop</b>					0	9	24	09	\$127.35
Address 47 E Gay St									
City Columbus		State OH	Zip Code 43215	Check Number Debit Card					
To Whom Paid <b>Sign-A-Rama</b>					0	9	24	09	\$22.74
Address 6185-M Huntley Rd									
City Worthington		State OH	Zip Code 43229	Check Number Debit Card					
To Whom Paid <b>Capitol Square Printing</b>					0	9	28	09	\$443.01
Address 59 E Gay St									
City Columbus		State OH	Zip Code 43215	Check Number Debit Card					

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
<b>Citizens for Mingo</b>											
To Whom Paid							M	D	Y	Amount	
<b>Postmaster</b>							1	0	0	9	\$352.00
Address				Purpose							
2935 E Main St				Postage							
City		State		Zip Code		Check Number					
Columbus		OH		43209		Debit Card					
To Whom Paid							M	D	Y	Amount	
<b>The Clarmont</b>							1	0	0	9	\$9.85
Address				Purpose							
684 S High St				Campaign Meeting Expenses							
City		State		Zip Code		Check Number					
Columbus		OH		43215		Debit Card					
To Whom Paid							M	D	Y	Amount	
<b>Grandview Area Republican Club</b>							1	0	0	9	\$75.00
Address				Purpose							
1300 Chambers Rd				Contribution							
City		State		Zip Code		Check Number					
Columbus		OH		43212		1027					
To Whom Paid							M	D	Y	Amount	
<b>Clarence Mingo</b>							1	0	0	9	\$235.16
Address				Purpose							
8406 Leisner Ave				Reimbursement-Swearing In Ceremony Expenses							
City		State		Zip Code		Check Number					
New Albany		OH		43054		1001					
To Whom Paid							M	D	Y	Amount	
<b>Victorys</b>							1	0	0	9	\$270.00
Address				Purpose							
543 S High St				Campaign Meeting Expenses							
City		State		Zip Code		Check Number					
Columbus		OH		43215		1029					
To Whom Paid							M	D	Y	Amount	
<b>Huntington National Bank</b>							1	0	0	9	\$29.67
Address				Purpose							
7 Easton Oval				Service Charge							
City		State		Zip Code		Check Number					
Columbus		OH		43218		EFT					
To Whom Paid							M	D	Y	Amount	
<b>IRA Graham Photography</b>							1	0	0	9	\$125.00
Address				Purpose							
3201 Legion Lane				Photos							
City		State		Zip Code		Check Number					
Columbus		OH		43232		1028					
To Whom Paid							M	D	Y	Amount	
<b>Ohio Black Republican Association</b>							1	0	0	9	\$50.00
Address				Purpose							
211 S Fifth St				Contribution							
City		State		Zip Code		Check Number					
Columbus		OH		43215		1031					

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					M	D	Y	Amount	
<b>Citizens for Mingo</b>					1	0	2 2	0 9	\$500.00
To Whom Paid		Address			State		Zip Code	Check Number	
Brian Katz		4727 Heathstead Dr B			OH		43106	1030	
		Purpose							
		Consulting							
To Whom Paid		Address			State		Zip Code	Check Number	Amount
Franklin County Republican Party		14 E Gay St			OH		43215	1002	\$2,000.00
		Purpose							
		Contribution							
To Whom Paid		Address			State		Zip Code	Check Number	Amount
Capitol Square Printing		59 E Gay St			OH		43215	Debit Card	\$672.53
		Purpose							
		Printing							
To Whom Paid		Address			State		Zip Code	Check Number	Amount
Huntington National Bank		7 Easton Oval			OH		43218	EFT	\$45.15
		Purpose							
		Service Charge							
To Whom Paid		Address			State		Zip Code	Check Number	Amount
The Clarmont		684 S High St			OH		43215	Debit Card	\$24.59
		Purpose							
		Campaign Meeting Expenses							
To Whom Paid		Address			State		Zip Code	Check Number	Amount
Mil Vet		250 E Broad St			OH		43215	1034	\$100.00
		Purpose							
		Parade Entry							
To Whom Paid		Address			State		Zip Code	Check Number	Amount
The Clarmont		684 S High St			OH		43215	Debit Card	\$20.28
		Purpose							
		Campaign Meeting Expenses							
To Whom Paid		Address			State		Zip Code	Check Number	Amount
Imega PSI PHI Fraternity		1961 Tuttle Park Place			OH		43210	1033	\$80.00
		Purpose							
		Contribution							

# Statement of Expenditures

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Name of Committee in Full													
<b>Citizens for Mingo</b>													
To Whom Paid							M	D	Y	Amount			
<b>Mimi's</b>							1	1	2	3	0	9	\$8.97
Address				Purpose									
1428 Polaris Parkway				Campaign Meeting Expenses									
City			State	Zip Code		Check Number							
Columbus			OH	43240		Debit Card							
To Whom Paid							M	D	Y	Amount			
<b>Victory Matrons</b>							1	1	2	5	0	9	\$125.00
Address				Purpose									
233 S High St				Ad									
City			State	Zip Code		Check Number							
Columbus			OH	43215		1035							
To Whom Paid							M	D	Y	Amount			
<b>The Clarmont</b>							1	1	2	5	0	9	\$21.89
Address				Purpose									
684 S High St				Campaign Meeting Expenses									
City			State	Zip Code		Check Number							
Columbus			OH	43215		Debit Card							
To Whom Paid							M	D	Y	Amount			
<b>First Watch</b>							1	1	2	5	9	8	\$19.81
Address				Purpose									
496 S High St				Campaign Meeting Expenses									
City			State	Zip Code		Check Number							
Columbus			OH	43215		Debit Card							
To Whom Paid							M	D	Y	Amount			
<b>Zanzibar</b>							1	1	2	5	0	9	\$8.47
Address				Purpose									
740 Long St				Campaign Meeting Expenses									
City			State	Zip Code		Check Number							
Columbus			OH	43202		Debit Card							
To Whom Paid							M	D	Y	Amount			
<b>Andrew Franks</b>							1	1	3	0	0	9	\$2,027.11
Address				Purpose									
47 Victorian Gate Way				Web Site Development									
City			State	Zip Code		Check Number							
Columbus			OH	43215		1036							
To Whom Paid							M	D	Y	Amount			
<b>J Alexanders</b>							1	1	3	0	0	9	\$13.68
Address				Purpose									
7550 Vantage Dr				Campaign Meeting Expenses									
City			State	Zip Code		Check Number							
Columbus			OH	43235		Debit Card							
To Whom Paid							M	D	Y	Amount			
<b>Tommy's Diner</b>							1	2	0	7	0	9	\$21.85
Address				Purpose									
914 W Broad St				Campaign Meeting Expenses									
City			State	Zip Code		Check Number							
Columbus			OH	43222		Debit Card							

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					M	D	Y	Amount
<b>Citizens for Mingo</b>					1	2	0	\$17.67
To Whom Paid <b>The Clarmont</b>					1	2	0	\$17.67
Address 684 S High St		Purpose Campaign Meeting Expenses			0	7	0	
City Columbus		State OH	Zip Code 43215	Check Number Debit Card				
To Whom Paid <b>Matt Borges</b>					1	2	0	\$1,000.00
Address 845 S Third St		Purpose Consulting			0	8	0	
City Columbus		State OH	Zip Code 43206	Check Number 1005				
To Whom Paid <b>Huntington National Bank</b>					1	2	1	\$29.71
Address 7 Easton Oval		Purpose Service Charge			5	0	9	
City Columbus		State OH	Zip Code 43218	Check Number EFT				
To Whom Paid <b>Skladany Printing</b>					1	2	1	\$498.00
Address 695 McCorkle Blvd		Purpose Printing			5	0	9	
City Westerville		State OH	Zip Code 43085	Check Number 1040				
To Whom Paid <b>Mike Elicson</b>					1	2	1	\$75.00
Address 4550 Bimini Dr		Purpose Literature			5	0	9	
City Columbus		State OH	Zip Code 43230	Check Number 1042				
To Whom Paid <b>Army &amp; Navy Committee</b>					1	2	1	\$75.00
Address 1400 Williams Rd		Purpose Contribution			6	0	9	
City Columbus		State OH	Zip Code 43207	Check Number 1041				
To Whom Paid <b>Brian Katz</b>					1	2	1	\$500.00
Address 4727 Heathstead Dr B		Purpose Consulting			7	0	9	
City Dublin		State OH	Zip Code 43016	Check Number 1006				
To Whom Paid <b>2B Printed</b>					1	2	2	\$548.96
Address 70 S Fourth St		Purpose Printing			1	0	9	
City Columbus		State OH	Zip Code 43215	Check Number 1039				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>							
To Whom Paid <b>Franklin County Republican Party</b>				M	D	Y	Amount
				1	2	2	0
				2	1	0	9
							\$75.00
Address <b>14 E Gay St</b>		Purpose <b>Ticket-Victory Dinner</b>					
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>1043</b>			
To Whom Paid <b>Gene Pierce</b>				M	D	Y	Amount
				1	2	2	0
				3	0	0	9
							\$41.08
Address <b>1063 Perry St</b>		Purpose <b>Reimbursement-Campaign Meeting Expenses</b>					
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43201</b>	Check Number <b>1003</b>			
To Whom Paid <b>New Century Solutions</b>				M	D	Y	Amount
				1	2	3	0
				0	0	0	9
							\$3,000.00
Address <b>2931 E Dublin Granville Rd</b>		Purpose <b>Consulting</b>					
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43229</b>	Check Number <b>1004</b>			
To Whom Paid <b>The Clarmont</b>				M	D	Y	Amount
				1	2	3	0
				0	0	0	9
							\$21.89
Address <b>684 S High St</b>		Purpose <b>Campaign Meeting Expenses</b>					
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>Debit Card</b>			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City				State	Zip Code	Check Number	
				OH			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City				State	Zip Code	Check Number	
				OH			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City				State	Zip Code	Check Number	
				OH			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City				State	Zip Code	Check Number	
				OH			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>						
To Whom Paid <b>Expenditures From Form 31-F</b>			M <b>1 0</b>	D <b>1 4</b>	Y <b>0 9</b>	Amount <b>\$435.17</b>
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Citizens for Mingo						
Full Name of Contributor			Registration Number, if PAC			
Jennifer Adair						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5316 Portland St			1	0	14	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43235	Cash			
Full Name of Contributor						
Dan Borchert						
Full Name of Contributor			Registration Number, if PAC			
Dan Borchert						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3806 Lakedale Dr			1	0	14	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Hilliard	OH	43026	Cash			
Full Name of Contributor						
John Coats						
Full Name of Contributor			Registration Number, if PAC			
John Coats						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3652 Pendent Lane			1	0	14	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43207	Cash			
Full Name of Contributor						
David Connor						
Full Name of Contributor			Registration Number, if PAC			
David Connor						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
306 E Beck St			1	0	14	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43206	Check			
Full Name of Contributor						
Mike Falleur						
Full Name of Contributor			Registration Number, if PAC			
Mike Falleur						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1625 Bethel Rd., Suite 205			1	0	14	\$70.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43220	Check			
Full Name of Contributor						
Don Frissora						
Full Name of Contributor			Registration Number, if PAC			
Don Frissora						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
722 Schyler Ct			1	0	14	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Gahanna	OH	43230	Check			
Full Name of Contributor						
Tricia Hunter						
Full Name of Contributor			Registration Number, if PAC			
Tricia Hunter						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2052 Argyle Dr			1	0	14	\$35.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43219	Check			

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Fill in the boxes below only on the last page for this event.  
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>							
Full Name of Contributor <b>Michael Kibbey</b>				Registration Number, if PAC			
Street Address <b>319 Thurman Ave</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>1</b>	<b>\$35.00</b>
City <b>Columbus</b>		Sta te <b>OH</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Thomas LeHoty</b>				Registration Number, if PAC			
Street Address <b>9601 Little Mountain Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>1</b>	<b>\$50.00</b>
City <b>Kirkland</b>		Sta te <b>OH</b>	Zip Code <b>44060</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Sharon Lynch</b>				Registration Number, if PAC			
Street Address <b>336 S Third St</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>1</b>	<b>\$35.00</b>
City <b>Columbus</b>		Sta te <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Mark Potts</b>				Registration Number, if PAC			
Street Address <b>330 Guernsey Ave</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>1</b>	<b>\$35.00</b>
City <b>Columbus</b>		Sta te <b>OH</b>	Zip Code <b>43204</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Joseph W Testa</b>				Registration Number, if PAC			
Street Address <b>5412 Thornhill Ct</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>1</b>	<b>\$50.00</b>
City <b>Grove City</b>		Sta te <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Natalie Wilkinson</b>				Registration Number, if PAC			
Street Address <b>30 Jeremy Ct</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>1</b>	<b>\$40.00</b>
City <b>Pataskala</b>		Sta te <b>OH</b>	Zip Code <b>43062</b>	Form (Cash, Check, etc.) <b>Cash</b>			
Full Name of Contributor <b>Eleanor Haynes</b>				Registration Number, if PAC			
Street Address <b>687 Ulverston Dr</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>1</b>	<b>\$100.00</b>
City <b>Gahanna</b>		Sta te <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>Check</b>			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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	Page Total \$ <b>\$345.00</b>
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## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Citizens for Mingo							
Full Name of Contributor Kelvin Lawrence				Registration Number, if PAC			
Street Address 395 E Weber Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1509	\$20.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Check			
Full Name of Contributor Emmanuel Olawale				Registration Number, if PAC			
Street Address 3417 Courtland Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1509	\$100.00
City Lewis Center		State OH	Zip Code 43035	Form (Cash, Check, etc.) Check			
Full Name of Contributor Guy Reese				Registration Number, if PAC			
Street Address 7191 Keystone Ranch Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1509	\$100.00
City Blacklick		State OH	Zip Code 43004	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bill Todd				Registration Number, if PAC			
Street Address 2417 Brentwood Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1509	\$200.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sam Koon				Registration Number, if PAC			
Street Address 141 E Town St., Suite 310		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1509	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Wiles, Boyle Burkholder & Bringardner PAC				Registration Number, if PAC CP1058			
Street Address 300 Spruce St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1509	\$105.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Chester, Willcox & Saxbe PAC				Registration Number, if PAC OH843			
Street Address 65 E State St., Suite 1000		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1509	\$300.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			

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Fill in the boxes below only on the last page for this event.  
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ <b>\$925.00</b>
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# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>							
Full Name of Contributor <b>Roetzel &amp; Andress PAC</b>				Registration Number, if PAC <b>CP759</b>			
Street Address <b>155 E Broad St</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>15</b>	<b>\$500.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Nationwide Better Citizenship PAC</b>							
Full Name of Contributor <b>Nationwide Better Citizenship PAC</b>				Registration Number, if PAC <b>OH259</b>			
Street Address <b>1 Nationwide Plaza</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>15</b>	<b>\$1,000.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Benesch, Friedlander, Coplan &amp; Aronoff</b>							
Full Name of Contributor <b>Benesch, Friedlander, Coplan &amp; Aronoff</b>				Registration Number, if PAC			
Street Address <b>41 S High St., Suite 2600</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>15</b>	<b>\$250.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Frederick Benton</b>							
Full Name of Contributor <b>Frederick Benton</b>				Registration Number, if PAC			
Street Address <b>786 S Front St., Suite 204</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>15</b>	<b>\$500.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>James Ervin</b>							
Full Name of Contributor <b>James Ervin</b>				Registration Number, if PAC			
Street Address <b>2979 Landen Farm Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>15</b>	<b>\$100.00</b>
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Joy Marshall</b>							
Full Name of Contributor <b>Joy Marshall</b>				Registration Number, if PAC			
Street Address <b>2745 Scottwood Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>15</b>	<b>\$100.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>H Lee Thompson</b>							
Full Name of Contributor <b>H Lee Thompson</b>				Registration Number, if PAC			
Street Address <b>85 E Gay St., Suite 810</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>15</b>	<b>\$75.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ **\$2,525.00**

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>							
Full Name of Contributor <b>N Victor Goodman</b>				Registration Number, if PAC			
Street Address <b>7482 King George Dr</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>15</b>	<b>\$150.00</b>
City <b>New Albany</b>		Sta te <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Kathy Eshelman</b>				Registration Number, if PAC			
Street Address <b>6891 Muirfield Dr</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>0</b>	<b>15</b>	<b>\$20.00</b>
City <b>Dublin</b>		Sta te <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, etc.) <b>Cash</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		Sta te	Zip Code	Form (Cash, Check, etc.)			
		<b>OH</b>					
Full Name of Contributor <b>Total Employee Contributions From Form 31-G</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							<b>\$3,120.00</b>
City		Sta te	Zip Code	Form (Cash, Check, etc.)			
		<b>OH</b>					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		Sta te	Zip Code	Form (Cash, Check, etc.)			
		<b>OH</b>					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		Sta te	Zip Code	Form (Cash, Check, etc.)			
		<b>OH</b>					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		Sta te	Zip Code	Form (Cash, Check, etc.)			
		<b>OH</b>					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

<b>\$7,415.00</b>
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Total expenditures this event.

<b>\$435.17</b>
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<b>Page Total \$ 3,290.00</b>
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# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>							
To Whom Paid <b>Planks</b>				M	D	Y	Amount <b>\$435.17</b>
Address <b>888 S High</b>				Purpose <b>Food &amp; Beverage; 10/14 Event</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Check Number <b>Debit Card</b>			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

**\$435.17**  
Page Total \$ \_\_\_\_\_

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>						
Full Name of Contributor <b>Karin Andres</b>			Registration Number, if PAC			
Street Address <b>1557 Lafayette Dr., Apt B</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>0</b>	<b>\$35.00</b>
City <b>Columbus</b>	Sta te <b>OH</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Jay Harkrider</b>			Registration Number, if PAC			
Street Address <b>1515 W Lane Ave</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>0</b>	<b>\$250.00</b>
City <b>Columbus</b>	Sta te <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>David Bolon</b>			Registration Number, if PAC			
Street Address <b>200 S Drexel Pl</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>0</b>	<b>\$250.00</b>
City <b>Columbus</b>	Sta te <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Scott Friedman</b>			Registration Number, if PAC			
Street Address <b>7706 Sutton Pl</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>0</b>	<b>\$250.00</b>
City <b>New Albany</b>	Sta te <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Robert Weiler</b>			Registration Number, if PAC			
Street Address <b>41 S High St</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>0</b>	<b>\$250.00</b>
City <b>Columbus</b>	Sta te <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>James Stevenson</b>			Registration Number, if PAC			
Street Address <b>7107 Asheville Park Dr</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>0</b>	<b>\$250.00</b>
City <b>Columbus</b>	Sta te <b>OH</b>	Zip Code <b>43235</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>David Connor</b>			Registration Number, if PAC			
Street Address <b>306 E Beck St</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<b>0</b>	<b>1</b>	<b>0</b>	<b>\$250.00</b>
City <b>Columbus</b>	Sta te <b>OH</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>Check</b>			

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Fill in the boxes below only on the last page for this event.

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Total contributions this event

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Total expenditures this event.

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Page Total \$ <b>\$1,535.00</b>
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