

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
10 JUN 11 AM 10:33
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Mingo						Registration Number, if PAC			
Full Name of Candidate Clarence E. Mingo									
Street Address 8406 Leisner Ave					Office Sought County Auditor		District		
City New Albany						State OH	Zip Code 43054		
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	Annual Year 2009 2009
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	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)	\$	\$19,117.28
6. Balance on hand (line 4 minus line 5)	\$	\$54,257.72
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



06/10/10

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 2

Expenditure pages 3

Other pages 1

Total pages 6

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Citizens for Mingo						
To Whom Paid			M	D	Y	Amount
Huntington National Bank			0	9	1 5 0 9	\$25.00
Address		Purpose				
7 Easton Oval		Service Charge				
City	State	Zip Code	Check Number			
Columbus	OH	43218	EFT			
To Whom Paid			M	D	Y	Amount
Matt Borges			0	9	1 8 0 9	\$5,000.00
Address		Purpose				
845 S Third St		Consulting				
City	State	Zip Code	Check Number			
Columbus	OH	43206	1026			
To Whom Paid			M	D	Y	Amount
XPEDX			0	9	2 2 0 9	\$37.55
Address		Purpose				
764 Morrison Rd		Printing				
City	State	Zip Code	Check Number			
Columbus	OH	43230	Debit Card			
To Whom Paid			M	D	Y	Amount
Postmaster			0	9	2 3 0 9	\$220.00
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
Minuteman Press			0	9	2 3 0 9	\$88.07
Address		Purpose				
18 Westerville Dr		Printing				
City	State	Zip Code	Check Number			
Westerville	OH	43081	Debit Card			
To Whom Paid			M	D	Y	Amount
Monks Copy Shop			0	9	2 4 0 9	\$127.45
Address		Purpose				
47 E Gay St		Printing				
City	State	Zip Code	Check Number			
Columbus	OH	43215	Debit Card			
To Whom Paid			M	D	Y	Amount
Sign-A-Rama			0	9	2 4 0 9	\$22.74
Address		Purpose				
6185-M Huntley Rd		Signs				
City	State	Zip Code	Check Number			
Worthington	OH	43229	Debit Card			
To Whom Paid			M	D	Y	Amount
Capitol Square Printing			0	9	2 8 0 9	\$443.01
Address		Purpose				
59 E Gay St		Printing				
City	State	Zip Code	Check Number			
Columbus	OH	43215	Debit Card			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
To Whom Paid Expenditures From Form 31-F			M 1	D 0	Y 1 4 0 9	Amount \$435.14
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	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 N Victor Goodman			Registration Number, if PAC	
Street Address 7482 King George Dr		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 1 5 0 9 \$150.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check
Full Name of Contributor Kathy Eshelman			Registration Number, if PAC	
Street Address 6891 Muirfield Dr		Employer/Occupation/Labor Organization*		M D Y Amount 1 0 1 5 0 9 \$20.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Cash
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor Total Employee Contributions From Form 31-G			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount \$3,120.00
City		State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)

* 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)]

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

\$7,415.00

Total expenditures this event.

\$435.14

Page Total \$ 3,290.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo												
To Whom Paid Planks						M	D	Y	Amount			
						1	0	1	5	0	9	\$435.14
Address 888 S High St				Purpose Food & Beverage; 10/14 Event								
City Columbus		State OH	Zip Code 43206		Check Number Debit Card							
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												
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												

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.

\$435.14
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			
Citizens for Mingo			
Full Name of Contributor		Registration Number, if PAC	
Roetzel & Andress PAC		CP759	
Street Address	Employer/Occupation/Labor Organization*	M	D
155 E Broad St		1	0
		1	5
		0	9
		Amount	
		\$500.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor		Registration Number, if PAC	
Nationwide Better Citizenship PAC		OH259	
Street Address	Employer/Occupation/Labor Organization*	M	D
1 Nationwide Plaza		1	0
		1	5
		0	9
		Amount	
		\$1,000.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor		Registration Number, if PAC	
Benesch, Friedlander, Coplan & Aronoff, c/o James L Ervin Jr.			
Street Address	Employer/Occupation/Labor Organization*	M	D
41 S High St., Suite 2600		1	0
		1	5
		0	9
		Amount	
		\$250.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor		Registration Number, if PAC	
Frederick Benton			
Street Address	Employer/Occupation/Labor Organization*	M	D
786 S Front St., Suite 204		1	0
		1	5
		0	9
		Amount	
		\$500.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	Check
Full Name of Contributor		Registration Number, if PAC	
James Ervin			
Street Address	Employer/Occupation/Labor Organization*	M	D
2979 Landen Farm Rd		1	0
		1	5
		0	9
		Amount	
		\$100.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Check
Full Name of Contributor		Registration Number, if PAC	
Joy Marshall			
Street Address	Employer/Occupation/Labor Organization*	M	D
2745 Scottwood Rd		1	0
		1	5
		0	9
		Amount	
		\$100.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor		Registration Number, if PAC	
H Lee Thompson			
Street Address	Employer/Occupation/Labor Organization*	M	D
85 E Gay St., Suite 810		1	0
		1	5
		0	9
		Amount	
		\$75.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check

* 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)]

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