

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

10 JUN 11 AM 10:31
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 checked="" type="checkbox"/>	2010 Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year		
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual		
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	0 ^M	5	0 ^D	4	1 ^Y	0

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	\$	\$54,257.72
2. Total monetary contributions (From Form No. 31-A)	\$	\$32,170.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$86,427.72
5. Total monetary expenditures (From Form No. 31-B)	\$	\$23,222.36
6. Balance on hand (line 4 minus line 5)	\$	\$63,205.36
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$.
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 1

Other pages 8

Total pages 11

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo											
Full Name of Contributor Contributions From Form 31-E							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M 0	D 3	Y 2	M 3	D 1	Y 0	Amount \$27,295.00
Full Name of Contributor Contributions From Form 31-E							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M 0	D 4	Y 2	M 0	D 1	Y 0	Amount \$4,875.00
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	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 Citizens for Mingo												
To Whom Paid Angie Musselman						M	D	Y	Amount			
						0	4	0	7	1	0	\$40.00
Address 12999 Ridgeway Rd				Purpose Reimbursement-Filing Fee								
City Orient		State OH	Zip Code 43146		Check Number 2006							
To Whom Paid Calico, c/o Bucks for Bones						M	D	Y	Amount			
						0	4	0	7	1	0	\$70.00
Address 1500 Pinnacle Club Dr				Purpose Tickets- 4/16 Event								
City Grove City		State OH	Zip Code 43123		Check Number 2007							
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount			
						0	3	2	3	1	0	\$8,057.44
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		Registration Number, if PAC	
Civil Engineers for Civil Government		CO449736	
Street Address	Employer/Occupation/Labor Organization*	M	D
12855 Wheaton Ave		0	3
City	State	Y	Amount
Pickerington	OH	2	\$1,000.00
	Zip Code	4	
		1	
		0	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Calvin Taylor			
Street Address	Employer/Occupation/Labor Organization*	M	D
701 Morning St		0	3
City	State	Y	Amount
Worthington	OH	2	\$150.00
	Zip Code	4	
		1	
		0	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Mark Snider			
Street Address	Employer/Occupation/Labor Organization*	M	D
815 Ebner St		0	3
City	State	Y	Amount
Columbus	OH	2	\$50.00
	Zip Code	4	
		1	
		0	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Ashland Inc Ohio PAC		CP119	
Street Address	Employer/Occupation/Labor Organization*	M	D
5200 Blazer Parkway		0	3
City	State	Y	Amount
Dublin	OH	2	\$300.00
	Zip Code	4	
		1	
		0	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Carlile, Patchen & Murphy c/o Jackie Hager			
Street Address	Employer/Occupation/Labor Organization*	M	D
366 E Broad St		0	3
City	State	Y	Amount
Columbus	OH	2	\$200.00
	Zip Code	4	
		1	
		0	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
Thomas Horner			
Street Address	Employer/Occupation/Labor Organization*	M	D
9417 Avemore Ct		0	3
City	State	Y	Amount
Dublin	OH	2	\$150.00
	Zip Code	4	
		1	
		0	
		Form (Cash, Check, etc.)	
		Check	
Full Name of Contributor		Registration Number, if PAC	
John Brandt			
Street Address	Employer/Occupation/Labor Organization*	M	D
5187 Smothers Rd		0	3
City	State	Y	Amount
Westerville	OH	2	\$100.00
	Zip Code	4	
		1	
		0	
		Form (Cash, Check, etc.)	
		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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