

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 0	D 3	Y 0	Y 8	Y 1	Y 2	Amount \$190.00
Address				Purpose								
City				State OH	Zip Code			Check Number				
To Whom Paid						M 0	D 3	Y 0	Y 8	Y 1	Y 2	Amount
Address				Purpose								
City				State OH	Zip Code			Check Number				
To Whom Paid						M 0	D 3	Y 0	Y 8	Y 1	Y 2	Amount
Address				Purpose								
City				State OH	Zip Code			Check Number				
To Whom Paid						M 0	D 3	Y 0	Y 8	Y 1	Y 2	Amount
Address				Purpose								
City				State OH	Zip Code			Check Number				
To Whom Paid						M 0	D 3	Y 0	Y 8	Y 1	Y 2	Amount
Address				Purpose								
City				State OH	Zip Code			Check Number				
To Whom Paid						M 0	D 3	Y 0	Y 8	Y 1	Y 2	Amount
Address				Purpose								
City				State OH	Zip Code			Check Number				
To Whom Paid						M 0	D 3	Y 0	Y 8	Y 1	Y 2	Amount
Address				Purpose								
City				State OH	Zip Code			Check Number				
To Whom Paid						M 0	D 3	Y 0	Y 8	Y 1	Y 2	Amount
Address				Purpose								
City				State OH	Zip Code			Check Number				