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			0 3 0 8 1 2	Amount \$190.00
Address	Purpose			•
City	State OH	Zip Code	Check Number	1 11 12 12 12 12 12 12 12 12 12 12 12 12
To Whom Paid		1	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	OH,	Zip Code	Check Number	-4
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	OH.	Zip Code	Check Number	
To Whom Paid		ı	M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	