



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Citizens for Mingo			
To Whom Paid Manuel Taxi		Date (MM/DD/YYYY) 10/02/2017	Amount 22.50
Street Address 8015 Arrezzo Way		Purpose Transportation; 10/4 Event	
City Orlando	State FL	Zip Code 32821	Check Number DC
To Whom Paid Star Taxi		Date (MM/DD/YYYY) 10/02/2017	Amount 18.63
Street Address 404 Zell Dr		Purpose Transportation; 10/4 Event	
City Orlando	State FL	Zip Code 32824	Check Number DC
To Whom Paid Laz Parking		Date (MM/DD/YYYY) 10/02/2017	Amount 4.00
Street Address 41 S High St		Purpose Parking	
City Columbus	State OH	Zip Code 43215	Check Number DC
To Whom Paid CMH Parking		Date (MM/DD/YYYY) 10/02/2017	Amount 3.00
Street Address 4600 International Gateway		Purpose Parking	
City Columbus	State OH	Zip Code 43219	Check Number DC
To Whom Paid Stripe		Date (MM/DD/YYYY) 10/03/2017	Amount 4.30
Street Address 185 Berry St		Purpose Service Charge	
City San Francisco	State CA	Zip Code 94107	Check Number EFT

Page Total \$ 52.43