Event Date	
Page 16	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

NI.			**************************************				
Name of Committee in Full Citizens for Mingo							
To Whom Paid Planks			1 0	D 1 5	у 0 9	Amount \$435.17	
Address 888 S High	Purpose Food & Be	verage; 10/14 Even		1			
City	Sta te	Zip Code	Check Number				
Columbus	OH	OH 43206		Debit Card			
To Whom Paid			M	D	Y	Amount	
Address	Purpose		<u> </u>				
City	Sta te	Zip Code	Check Number				
	OH			4	-		
To Whom Paid			М	D	Y	Amount	
Address	Purpose	Purpose					
City	Sta te OH	Zip Code	Check Number				
To Whom Paid	and the state of the	er annakampun sayain kanan sanan ay pinista dibibban basa basa sabah na bisa	M	D	Ŷ	Amount	
Address	Purpose	Purpose					
City	Sta te OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose	Purpose				<u> </u>	
City	State	Zip Code	Check Number				
OH				-	} 3 7		
To Whom Paid			M	D	Y	Amount	
Address	Purpose	, , , , , , , , , , , , , , , , , , , ,			J	6	
City	State	Zip Code	Check Number				
To Whom Paid	OH		M	D	Υ	Amount	
Address	Purpose						
City	State	Zip Code	Check Number				
	OH			daning data kananana da			

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.

\$435.17
Page Total \$