

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo									
To Whom Paid Planks						M	D	Y	Amount
						1	0	1	5
						0	9		\$435.17
Address 888 S High				Purpose Food & Beverage; 10/14 Event					
City Columbus				State OH	Zip Code 43206		Check Number Debit Card		
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
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

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 \$