Event Date	7/30/15		
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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citiaens for Mingo					
To Whom Paid Villa Milano			0 7 3 0 1 5	Amount	
			0 7 3 0 1 5	\$8,406.50	
Address 1630 Schrock Rd		Purpose Food & Beverage - 7/30 Event			
City	State	Zip Code	Check Number		
Columbus	OH	43229	2581		
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	M D Y	Amount	
Ira Graham Photography			0 8 1 2 1 5	\$300.00	
Address 3201 Legion Ln	Purpose Photograpl	hy - 7/30 Event			
City	State	Zip Code	Check Number		
Columbus	ОН	43232			
To Whom Paid	<u> </u>		M D Y	Атоилт	
Address	Purpose	Purpose			
City	Sta te	Zip Code	Check Number		
•	OH	,		•	
To Whom Paid			M D Y	Amount	
Address	Purpose			<u></u>	
City	State	Zip Code	Check Number		
City	OH	Zip Code	Check Munioci	•	
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			I	
City	State OH	Zip Code	Check Number		
To Whom Paid	1011		M D Y	Amount	
	1				
Address	Рштроѕе				
City	Stalte OH	Zip Code	Check Number		
		<u> </u>		<u> </u>	

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.

\$8,706.50
Page Total \$