

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						M 0	D 7	Y 3	Y 0	Y 1	Y 5	Amount \$8,406.50
Address 1630 Schrock Rd				Purpose Food & Beverage - 7/30 Event								
City Columbus				State OH		Zip Code 43229		Check Number 2581				
To Whom Paid Ira Graham Photography						M 0	D 8	Y 1	Y 2	Y 1	Y 5	Amount \$300.00
Address 3201 Legion Ln				Purpose Photography - 7/30 Event								
City Columbus				State OH		Zip Code 43232		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	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.

\$8,706.50

Page Total \$