

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo										
To Whom Paid Expenditures From Form 31-F							M	D	Y	Amount
							0	3	1	\$407.70
Address				Purpose Reimbursement - Food & Beverage; 3/18 Event						
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			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State OH	Zip Code		Check Number			