Event Date	3/8/12
Page 2	<u>آم</u>

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			M D, Y	Amount	
Planks			0 3 0 8 1 2	\$190.00	
Address	Purpose		· · · · · · · · · · · · · · · · · · ·		
888 S High St	Food & Be	Food & Beverage - 3/8 Event			
City	State	Zip Code	Check Number		
Columbus	OH	43206	2224		
To Whom Paid	······································		M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
	OH				
To Whom Paid			M D Y	Amount	
Address	Duencas			<u> </u>	
Address	Purpose				
City	State	Zip Code	Check Number		
	OH	Lap Code	Chock Huntou		
To Whom Paid			M D Y	Amount	
Address	Purpose	·		I	
City	Sta te	Zip Code	Check Number		
	OH			:	
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State	Zîp Code	Check Number		
	OH				
To Whom Paid			M D Y	Amount	
	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Address	Purpose	•			
City	Sta te	Zip Code	Check Number		
City	OH	Zip Code	CHOCK INDINIDE		
To Whom Paid			M D Y,	Amount	
TO THOM I GO					
Address	Purpose			<u> </u>	
	F				
City	State	Zip Code	Check Number		
-	OH				
L					

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.

\$190.00
Page Total \$_____