Event Date	6/15/10
Page 🖇	

## **Statement of Expenditures for Social or Fund-Raising Event**

Prescribed by Secretary of State 2/01

	N// (01/00/00/00/00/00/00/00/00/00/00/00/00/0			onsolvomoirisarro.	zanaci wiki wana wana		
Name of Committee in Full Citizens for Mingo						:	
To Whom Paid			M	D	Y	Amount	
Eric Gresak			0 6	0 2	1 0	\$25.00	
Address	Purpose				لــــنــــا		
961 S High St	Deposit-6/16 Event						
City	State	Zip Code	Check N	umber			
Columbus	ОН	43206	2031				
To Whom Paid			M .	D	Y	Amount	
					•		
Address	Purpose						
City	Sta te	Zip Code	Check Number				
	ОН		1				
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	lumber			
	ОН						
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose		1	<u> </u>			
CV.	Ctota	Tin Codo	Cheele X	Imm box			
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose		1.				
City	Zip Code	Check Number					
	ОН		-				
To Whom Paid			М	D	Y	Amount	
Address	Purpose		•		**	***************************************	
City	Sta te	Zip Code	Check Number				
•	ОН						
			1				

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.

\$25.00 Page Total \$