Event Date	3/18/14	
Page 4	<u> </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
Chase Card Services			0 4 0 1 1 4	\$407.70
Address	Purpose		<u>,</u>	
P O Box 94014		ement - Food & Bevo	erage; 3/18 Event	
City	State	Zip Code	Check Number	
Palatine	IL.	60094		
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid			M D Y _I	Атоилт
<u>,</u>				1
Address	Purpose			<u> </u>
City	State	Zip Code	Check Number	
City		Lip Code	Circa Pullibei	
T- WA D-1	ОН	<u></u>		A
To Whom Paid			M D Y	Amount
Address	Ршроѕе		•	
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid		. <u></u>	M D Y	Amount
Address	Purpose		<u></u>	
City	State	Zip Code	Check Number	
	OH			
To Whom Paid			M D Y	Amount
Address	Duenaga			<u> </u>
Address	Purpose			
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid	·		M D Y	Amount
Address	Purpose			
		Ta: o t		
City	State	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.

\$407.70
Page Total \$ _____