

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>										
To Whom Paid <b>Expenditures From Form 31-F</b>							M	D	Y	Amount
							0	7	2	\$12,428.39
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State <b>OH</b>	Zip Code		Check Number			