## **Statement of Expenditures**



Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo			<u> </u>	
To Whom Paid		<del> </del>	M D Y	Amount
Shell Oil			0 7 1 1 1 2	\$45.00
Address 631 S High St	Purpose Fuel			
City	State	Zip Code	Check Number	
Columbus	OH	43215	DC	
To Whom Paid Bob Evans			M D Y 1 1 1 2	Amount \$29.67
Address 1380 N Hamilton Rd	Purpose Committee Meeting Expenses			
City Gahanna	State OH	Zip Code 43230	Check Number DC	
To Whom Paid Renaissance Hotel			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Amount \$29.55
Address 50 N Third St	Purpose Committee I	Meeting Expenses		
City Columbus	OH,	Zip Code 43215	Check Number DC	
Whom Paid Brd & Gay Parking			M D Y 1 1 1 2	Amount \$8.00
Address 70 E Gay St	Purpose Parking			
City Columbus	State OH	Zip Code 43215	Check Number DC	
Planks   D   Y   Amount   S   Planks   N   N   N   N   N   N   N   N   N				
Address 888 S High St	Purpose Committee M	leeting Expenses		
City Columbus	State OH ,	Zip Code 43215	Check Number DC	
To Whom Paid Brian Katz			0 7 1 2 1 2	Amount \$28.95
Address 3288 Scioto Bend Dr	Рифоse Reimbursement-Sign			
City Hilliard	State OH	Zip Code 43026	Check Number 2247	e
To Whom Paid Cap City Diner			M D Y 1 2 1 2	Amount \$46.27
Address 1301 Stoneridge Dr	Purpose Committee Meeting Expenses			
City Gahanna	State OH	Zip Code 43230	Check Number DC	
To Whom Paid Huntington National Bank			M D Y 0 7 1 6 1 2	Amount \$33.93
Address 7 Easton Oval	Purpose Service Charge			
City Columbus	State OH	Zip Code 43218	Check Number EFT	