Event	Date_	9/4/14
Page	4	r 66

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		
Brian Katz			0 9 0 8 1	4 \$152.41		
Address	Purpose	H * * * * * * * * * * * * * * * * * * *		<u> </u>		
3288 Scioto Bend		Reimbursement - 9/4 Event Expenses				
City		State Zip Code Check Number				
Hilliard		OH 43026		• • • • • • • • • • • • • • • • • • • •		
To Whom Paid			2482	Amount		
				Amount		
Address	Purpose					
City	Stale	Zip Code	Check Number			
	ОН		0.000	1		
To Whom Paid			MDY	/i Amount		
100				Amount		
Address	Purpose			<u> </u>		
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid			M D Y	Amount		
Address	Purpose		<u> </u>	<u> </u>		
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid		<u></u>	M D Y	Amount		
Address	Purpose			· _ •		
City	State	Zip Code	Check Number			
	OH	Zip code	Check Number			
To Whom Paid			M D Y	/i Amount		
				ranount		
Address	Ригроѕе			<u> </u>		
City	State	Zip Code	Check Number			
<u>,</u>	OH					
To Whom Paid	M D Y	Amount				
Address	Purpose			<u> </u>		
City	State	Zip Code	Check Number	2 " '		
,	OH	,	S			
<u> </u>						

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.

\$152.41
Page Total \$ _____