

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Citizens for Mingo												
To Whom Paid Expenditures From Form 31-F						M 0	D 8	Y 1	Y 4	Y 1	Y 3	Amount \$9,862.30
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH		Zip Code		Check Number				

Page Total **\$9,862.30**