

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 Classics Pizza				M 0	D 3	Y 0	Amount \$225.00
Address 543 S High St		Purpose Food-3/7 Event					
City Columbus	State OH	Zip Code 43206	Check Number 2142				
To Whom Paid Classics Sports Bar				M 0	D 3	Y 0	Amount \$83.75
Address 543 S High St		Purpose Beverages-3/7 Event					
City Columbus	State OH	Zip Code 43206	Check Number 2143				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				

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.

\$308.75
Page Total \$