Event Date	10/14/09
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## 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		
Planks			1 0	1 5	0 9	\$435.14		
Address	Purpose							
888 S High St								
City	State				Check Number			
Columbus	OH	43206	ANTONIO POR CONTRACTOR DE	t Card	- Maria Maria Maria Maria			
To Whom Paid			М	D	Y	Amount		
Address	Purpose			<u> </u>	L	<b>II</b>		
City	Sta te	1		Check Number				
	OH							
To Whom Paid			M	D	Y	Amount		
Address	Purpose			<u> </u>	<u> </u>	<u> </u>		
City	Sta te	Zip Code	Check N	lumber				
	OH							
To Whom Paid			M	D	Y	Amount		
Address			J	<u> </u>				
City	Stata	Zin Code	Chaol: N	lumbar				
City	OH	State Zip Code			Check Number			
To Whom Paid			M	D	Y	Amount		
Address	Purpose	Purpose						
City	State	Zip Code	Check N	Vumber		-		
	OH							
To Whom Paid			M	D	Y	Amount		
Address	Purpose							
		Tax a	10.13			ī		
City	1	State Zip Code		Number				
To Whom Paid	OH		M	D	Y	Amount		
TO WHOM I aid			141		1	Anount		
Address Purpose					_L			
City	State	Zip Code	Check N	lumber				
	ОН			<b>0</b> ,100,000,000,000,000				

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.

\$435.14
Page Total \$ \_\_\_\_\_