

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 Don Blakely						M	D	Y	Amount \$150.00
Address 160 Edwards Rd						Purpose Photography- 7/24 Event			
City Johnstown						State OH		Zip Code 43031	Check Number 2250
To Whom Paid Villa Milano						M	D	Y	Amount \$12,278.39
Address 1630 Schrock Rd						Purpose Food & Beverage- 7/24 Event			
City Columbus						State OH		Zip Code 43229	Check Number 2252
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.

\$12,428.39

Page Total \$