

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>							
To Whom Paid <b>Chase Visa</b>				M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$135.02</b>
Address <b>P O Box 15153</b>		Purpose <b>Reimbursement - 10/8 Espenses</b>					
City <b>Wilmington</b>	State <b>DE</b>	Zip Code <b>19886</b>	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	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.

**\$135.02**