

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 Monaco's Palace | | | | M 0 | D 5 | Y 0 | Amount \$500.00 |
| Address 4555 Cleveland Ave | | Purpose Deposit-6/16 Event | | | | | |
| City Columbus | State OH | Zip Code 43229 | Check Number 2155 | | | | |
| To Whom Paid Don Blakely | | | | M 0 | D 6 | Y 1 | Amount \$150.00 |
| Address 160 Edwards Rd | | Purpose Photographer-6/16 Event | | | | | |
| City Johnstown | State OH | Zip Code 43031 | Check Number 2167 | | | | |
| To Whom Paid Monaco's Palace | | | | M 0 | D 6 | Y 2 | Amount \$9,713.21 |
| Address 4555 Cleveland Ave | | Purpose Food & Beverage-6/16 Event | | | | | |
| City Columbus | State OH | Zip Code 43229 | Check Number 2171 | | | | |
| 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.

\$10,363.21
Page Total \$