Event Date	6/16/11		
Page 45			

## 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	
Monaco's Palace			0 5 0 2 1 1	\$500.00	
Address	Purpose				
4555 Cleveland Ave	Deposit-6/	16 Event			
City	Sta te	Zip Code	Check Number		
Columbus	OH	43229	2155		
To Whom Paid			M D Y	Amount	
Don Blakely			0 6 1 6 1 1	\$150.00	
Address	Purpose	·			
160 Edwards Rd		Photographer-6/16 Event			
City	State	Zip Code	Check Number		
Johnstown	OH	43031	2167		
To Whom Paid			$\begin{bmatrix} M & D & Y \\ 0 & 6 & 2 & 0 & 1 & 1 \end{bmatrix}$	Amount	
Monaco's Palace	Duman	<u> </u>		\$9,713.21	
Address 4555 Cleveland Ave	Purpose Food & Beverage-6/16 Event				
City	State	Zip Code	Check Number		
Columbus	OH	43229	2171		
To Whom Paid	1011	10220	M D Y <sub>I</sub>	Amount	
16 17 16 14 7 18 16					
Address	Ригроѕе				
City	State OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
	- C4-'4-	Zip Code	Check Number		
City	State OH	Zip Code	Check Number	3	
To Whom Paid	OIT		M D Y	Amount	
TO WIGHT FAIG					
Address	Purpose	<del></del>			
	0.00	[2:- C-1-	Check Number		
City	State	Zip Code	Check Number		
* 110	OH		M D Y	Amount	
To Whom Paid			M D Y	, thouse	
Address	Purpose	<u></u>	<u> </u>		
	State	Zip Code	Check Number	<b></b>	
City	OH	Zip Code	Check Pulliver		
	UFI				

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 \$