## **Statement of Expenditures**



Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
To Whom Paid			M D Y	Amount
Expenditures From Form 31-F			1 0 1 6 1 4	\$135.02
Address	Purpose 10/8 Ever	10/8 Event Expenses		
City	State OH	Zip Code	Check Number	and the second
To Whom Paid	<u> </u>		M D Y	Amount
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