## **Statement of Expenditures**

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
To Whom Paid	<u> </u>	<del></del> -	M D Y <sub>i</sub> Amount
Transfirst LLC			0 2 1 1 1 3 \$40.95
Address	Purpose		
371 Continental Pkwy	Service C		
City	State	Zip Code	Check Number
Louisville	KY	80027	EFT
To Whom Paid			M D Y Amount
Address	Purpose	<u> </u>	
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	OH	3.p 0.22	Check Number
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Address	Purpose		
City	State	Zip Code	Check Number
	OH,		
To Whom Paid			M D Y Amount
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		1	
City	State OH	Zip Code	Check Number
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To Whom Paid			M D Y Amount
Address	Purpose		<u> </u>
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City	State	Žip Code	Check Number
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Address	Purpose	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	State	Zip Code	Check Number
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