



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Citizens for Mingo						
To Whom Paid	······································		Date (MM/DD/YYYY)		Amount	
Stripe			09/19/2018		4.30	
Street Address	Purpose					
185 Berry St	Service Charge					
City	State Zip Code Check Number			eck Number		
San Francisco	CA	94107		EF	EFT	
To Whom Paid			Date (MM/DD/YYYY) Amount			
Meijer			09/20/2018 44.24			
Street Address	Purpose					
5050 N Hamilton Rd	Misc Supplies					
City	State	Zip	Zip Code (Check Number	
Columbus	он	432	230	DC	;	
To Whom Paid	Date (MM/DD/YYYY) Amount					
Stripe			09/20/2018 2.30			
Street Address	Purpose					
185 Berry St	Service Charge					
City	State	e Zip Code		Check Number		
San Francisco	CA	941	107	EF	т	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
BP			09/20/2018 42		42.15	
Street Address	Purpose					
1347 Olentangy River Rd	Fuel					
City	State	Zip Code		Che	eck Number	
Columbus	ОН	432	212	DC		
To Whom Paid		Date (MM/DD/YYYY)		Amount		
Fox in the Snow			09/20/2018 8.97			
Street Address	Purpose					
210 Thurman Ave	Committee Meeting Expense					
City	State	tate Zip Code Check Number			ck Number	
Columbus	ОН	432	206	DC	;	

Page Total \$____