

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 Villa Milano						M	D	Y	Amount
						0	7	3	\$7,785.15
Address 1630 Schrock Rd				Purpose Food & Beverage; 7/30 Event					
City Columbus		State OH		Zip Code 43229		Check Number 2467			
To Whom Paid Ira Graham Photography						M	D	Y	Amount
						0	8	0	\$250.00
Address 3201 Legion Ln				Purpose Photography; 7/30 Event					
City Columbus		State OH		Zip Code 43232		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			
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.

\$8,035.15

Page Total \$