

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 Erik Gresik						M	D	Y	Amount \$475.00
Address 961 S High St						Purpose Food & Beverage; 7/27 Event			
City Columbus						State OH	Zip Code 43206	Check Number 2184	
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	
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.

\$475.00

Page Total \$