

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	4	0	9	\$435.14
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						
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			