



## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Citizens for Mingo						
To Whom Paid		Dete (MANAGED A)	2000	Amount		
Office Max	Date (MM/DD/Y	04/18/2018				
		<u> </u>	04/10/2010	204.13		
Street Address	Purpose					
3826 Morse Rd	Misc Supplies	Misc Supplies				
City	State Z	Code Check Number				
Columbus	ОН 4	43219 DC				
To Whom Paid		Date (MM/DD/YYYY) Amount				
ripe			04/18/2018	40.30		
Street Address	Purpose	Purpose				
185 Berry St	Service Char	Service Charge				
City	State Z	ip Code	Code Check Number			
San Francisco	CA S	4107 EF		·Τ		
To Whom Paid		Date (MM/DD/YYYY)		Amount		
Street Address	Purpose					
City	State 2	State Zip Code Check Number		eck Number		
	ОН					
o Whom Paid		Date (MM/DD/Y	YYY)	Amount		
Street Address	Purpose					
City	State Z	ip Code	Che	eck Number		
	ОН					
To Whom Paid		Date (MM/DD/Y	YYY)	Amount		
			-			
Street Address	Purpose			<u> </u>		
City	State	Zip Code Check Number		eck Number		
	ОН					
l <u> </u>						

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