

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 0	D 8	Y 1 2 1 6	Amount \$9,130.30
Address 1630 Schrock Rd		Purpose Fodd & Beverage; 8/10 Event			
City Columbus	State OH	Zip Code 43229	Check Number 2703		
To Whom Paid Ira Graham Photography		M 0	D 8	Y 1 9 1 6	Amount \$300.00
Address 3201 Legion Ln		Purpose Photographer; 8/10 Event			
City Columbus	State OH	Zip Code 43232	Check Number 2705		
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.

\$9,430.30

Page Total \$