31	-F	
R.C.	3517 10	n

Event Date 8/	10/16
Page 60	<u>)</u>

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee of Party						
Name of Committee in Full Citizens for Mingo						
To Whom Paid			М	D	Y	Amount
Villa Milano			0 8	1 2	1 6	\$9,130.30
Address	Purpose					
1630 Schrock Rd		everage; 8/10 Event				
City Columbus	State OH	Zip Code 43229	Check Number			
To Whom Paid	ГОП	43229		2703 M D Y Amo		
Ira Graham Photography			į.	1 9	1 6	Amount \$300.00
Address	Purpose		10 0	1 3	1.0	\$300.00
3201 Legion Ln		Photographer; 8/10 Event				
City	Sta te	Zip Code	Check N	Check Number		
Columbus	ОН	43232	2705			
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check N	Check Number		
	OH					
To Whom Paid			M	D	Y	Amount
Address	Purpose			_	l,	!-
City	Sta te OH	Zip Code	Check N	Check Number		
To Whom Paid	10		М	D	Y	Amount
Address	Purpose			<u> </u>	<u> </u>	<u> </u>
City	Sta te	Zip Code	Check N	lumber		
To Whom Paid	OH			l B	1 V	Amount
to whom raid			M	D	Y	Amount
Address	Purpose			•	ł,	
City	Sta te	Zip Code	Check N	Check Number		
	OH					
To Whom Paid			M	D	Y	Amount
Address	Purpose			1	<u> </u>	
City	State	Zip Code	Check N	umbae		
City	OH	Zip Code	Check N	шист		

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.

\$9,430.30Page Total **\$**