

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo									
To Whom Paid Expenditures Form Form 31-F						M	D	Y	Amount
						0	6	1	\$442.75
Address				Purpose					
City				State	Zip Code	Check Number			
				OH					
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	7	1	\$416.94
Address				Purpose					
City				State	Zip Code	Check Number			
				OH					
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	8	2	\$172.42
Address				Purpose					
City				State	Zip Code	Check Number			
				OH					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
				OH					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
				OH					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
				OH					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
				OH					