Event Date	6/15/10				
Page					

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full				omposite equipment of the contract of the cont	initiation and the second		
Citizens for Mingo							
To Whom Paid			M	D	Y	Amount	
Schmidts			0 5	2 8	1 0	\$100.00	
Address	Purpose						
240 E Kossuth St	Deposit-6/	Deposit-6/15 Event					
City	State	Zip Code	Check Number				
Columbus	OH	43206	2030				
To Whom Paid			M	D	Y	Amount	
Address	Purpose		.	1	•		
City	Sta te	Zip Code	Check Number				
	OH						
To Whom Paid			M	D	Y	Amount	
Address	Purpose	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		I . 3				
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose		L	1 .	1		
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.

\$100.00
Page Total \$