

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 Schmidts						M	D	Y	Amount \$100.00			
						0	5	2	8	1	0	
Address 240 E Kossuth St				Purpose Deposit-6/15 Event								
City Columbus				State OH	Zip Code 43206		Check Number 2030					
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						
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						

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 \$