

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 Rachel Katz				M 0	D 8	Y 1	Amount \$250.00
Address 3288 Scioto Bend		Purpose Photographer - 8/14 Event					
City Hilliard	State OH	Zip Code 43026	Check Number 2316				
To Whom Paid Villa Milano				M 0	D 8	Y 1	Amount \$9,612.30
Address 1630 Schrock Rd		Purpose Food & Beverage - 8/14 Event					
City Columbus	State OH	Zip Code 43229	Check Number 2317				
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.

\$9,862.30
Page Total \$