

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo										
To Whom Paid Expenditures From Form 31-F							M	D	Y	Amount
							0	7	3	\$8,035.15
Address			Purpose 7/30 Event Expenses							
City			State OH	Zip Code		Check Number				
To Whom Paid Expenditures From Form 31-F							M	D	Y	Amount
							0	8	1	\$1,417.74
Address			Purpose 6/17 Event Expenses							
City			State OH	Zip Code		Check Number				
To Whom Paid Expenditures From Form 31-F							M	D	Y	Amount
							0	9	0	\$152.41
Address			Purpose 9/4 Event Expenses							
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				