



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Citizens for Mingo				
To Whom Paid Villa Milano			Date (MM/DD/YYYY) 07/30/2018	Amount 5,330.93
Street Address 1630 Schrock Rd		Purpose Food & Beverage; 7/26 Event		
City Columbus	State OH	Zip Code 43229	Check Number 2994	
To Whom Paid Ira Graham Photogrpahy			Date (MM/DD/YYYY) 08/02/2018	Amount 300.00
Street Address 3201 Legion Ln		Purpose Photography; 7/26 Event		
City Columbus	State OH	Zip Code 43232	Check Number 2995	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	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.

Page Total \$ 5,630.93