Event Date 3/23/10	
Page 2-3	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

				Commence of the contract of th	and the second second second		
Name of Committee in Full Citizens for Mingo	- And the second						
To Whom Paid			M	D	Y	Amount	
Monaco's Palace			0 3	0 9	1 0	\$500.00	
Address	Purpose	1 -					
4555 Cleveland Ave		Deposit-3/23 Event					
City	State	1 -		umber			
Columbus	OH	43231	2000		177	A mount	
To Whom Paid			0 3	D 2 5	Y 1 0	Amount	
Flowerama Address	Purpose		0 3	2 3	1 0	\$76.82	
1600 Morse Rd	Flowers-3/2	23 Event					
City	Sta te	Zip Code	Check N	umber			
Columbus	OH	43229	į	t Card	i I		
To Whom Paid			M	D	Y	Amount	
Monaco's Palace			0 3	3 1	1 0	\$7,480.62	
Address	Purpose	0.000 =					
4555 Cleveland Ave	Expenses-						
City	Sta te	Zip Code	Check N				
Columbus	OH	43231	2005		4	A	
To Whom Paid			М	D	Y	Amount	
Address			•				
City	Sta te OH	Zip Code	Check Number				
To Whom Paid		L	M	D	Y	Amount	
Address	Purpose	Purpose					
City	Sta te	1 ^		lumber			
T. M.L. D. J.	OH		1	T.	ΤY	Amount	
To Whom Paid			M	D	<u></u>	- mount	
Address	Purpose	Purpose					
City	Sta te	Sta te Zip Code			Check Number		
	OH			Competition	gggggggissangkalong-re-re-		
To Whom Paid	Annual or annual formation and annual formation and death the deposit of the property of the second and despos		M	D	Y	Amount	
Address Purpose				.1		8	
State Tie Code			101 13	James Is a -		-	
City	OH State	Zip Code	Check Number				
	UΠ			***************************************	www.componies.com		

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.

\$8,057.44
Page Total \$