

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 Monaco's Palace				M	D	Y	Amount \$500.00
Address 4555 Cleveland Ave				Purpose Deposit-3/23 Event			
City Columbus		State OH	Zip Code 43231	Check Number 2000			
To Whom Paid Flowerama				M	D	Y	Amount \$76.82
Address 1600 Morse Rd				Purpose Flowers-3/23 Event			
City Columbus		State OH	Zip Code 43229	Check Number Debit Card			
To Whom Paid Monaco's Palace				M	D	Y	Amount \$7,480.62
Address 4555 Cleveland Ave				Purpose Expenses-3/23 Event			
City Columbus		State OH	Zip Code 43231	Check Number 2005			
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.

\$8,057.44
Page Total \$