

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 Ohio Cancer Research						M	D	Y	Amount			
						0	8	1	1	1	4	\$1,417.74
Address 50 W Broad St				Purpose Reimbursement - 6/17 Event Expenses								
City Columbus				State OH	Zip Code 43215		Check Number 2470					
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
OH												

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.

\$1,417.74
Page Total \$