ſ	Event Dat	e 6/17/14	
	Page _3	33V	

## 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			M D	Y Amount		
Ohio Cancer Research		ш.	0 8 1 1 1	4 \$1,417.74		
Address		Purpose Poimbursoment 6/17 Event Expenses				
50 W Broad St		Reimbursement - 6/17 Event Expenses  State   Zip Code   Check Number				
City Columbus		State   Zip Code				
To Whom Paid	On	43213	2470 M D Y <sub>1</sub> Amount			
10 WHORF LAND			"    1	Amount		
Address	Purpose	·		<u> </u>		
City	State	Zîp Code	Check Number			
	OH			•		
To Whom Paid	· · · · · · · · · · · · · · · · · · ·	•	M D	Y Amount		
Address	Purpose					
et	Sta te	7:- C- 1-	Check Number			
City	OH	Zip Code	Check Number			
To Whom Paid	On		MD	Y <sub>i</sub> Amount		
To whoulf all				, and an		
Address	Purpose			<u> </u>		
City	Stale	Zip Code	Check Number	•		
	OH					
To Whom Paid			MD	Y Amount		
Address	Purpose					
		-150 0.1	los Las I			
City	State OH	Zip Code	Check Number	•		
To Whom Paid	On		MD	Y <sub>f</sub> Amount		
to whom raid				Pallount		
Address	Purpose			i I		
City	State	Zip Code	Check Number			
•	ОН					
To Whom Paid			M D	Y Amount		
Address	Purpose					
City	State	Zip Code	Check Number			
	OH	1				

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 \$