

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 Homes of Harrison Park				M	D	Y	Amount \$150.00
Address 575 W First Ave				Purpose Deposit-7/15 Event			
City Columbus		State OH	Zip Code 43215	Check Number 2042			
To Whom Paid Mitch Musselman				M	D	Y	Amount \$163.53
Address 12999 Ridgeway Rd				Purpose Reimbursement-Food & Beverage, 7/15 Event			
City Orient		State OH	Zip Code 43146	Check Number 2053			
To Whom Paid Brian Katz				M	D	Y	Amount \$103.41
Address 4727 Heathstead Dr				Purpose Reimbursement-Supplies, 7/15 Event			
City Dublin		State OH	Zip Code 43016	Check Number 2054			
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.

\$416.94

Page Total \$