

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo												
To Whom Paid Expenditures From Form 31-F						M 0	D 3	Y 0	Y 7	Y 1	Y 1	Amount \$308.75
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid Expenditures From Form 31-F						M 0	D 6	Y 1	Y 6	Y 1	Y 1	Amount \$10,363.21
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Amount		
Address				Purpose								
City				State OH	Zip Code		Check Number					