

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Friends of Amy Harkins												
To Whom Paid						M	D	Y	Amount			
Will Petrik for Columbus						1	0	1	7	1	7	2,625.00
Address				Purpose								
2221 Myrtle Ave				printing/ mailers share								
City		State		Zip Code		Check Number						
Columbus		O H		43211		102						
To Whom Paid						M	D	Y	Amount			
Merisa K. Bowers						0	9	2	1	1	7	105.00
Address				Purpose								
400 S Fifth Street, Suite 101				loan reimbursement								
City		State		Zip Code		Check Number						
Columbus		O H		43215		101						
To Whom Paid						M	D	Y	Amount			
Merisa K. Bowers						0	9	2	1	1	7	300.00
Address				Purpose								
400 S. Fifth Street, Suite 101				treasurer services								
City		State		Zip Code		Check Number						
Columbus		O H		43215		101						
To Whom Paid						M	D	Y	Amount			
Kemba Financial Credit Union						0	7	3	1	1	7	10.00
Address				Purpose								
555 Officenter Place/PO Box 307370				bank fee								
City		State		Zip Code		Check Number						
Gahanna		O H		43230		ACH						
To Whom Paid						M	D	Y	Amount			
Kemba Financial Credit Union						0	8	3	1	1	7	10.00
Address				Purpose								
555 Officenter Place/PO Box 307370				bank fee								
City		State		Zip Code		Check Number						
Gahanna		O H		43230		ACH						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						