31-B R.C. 3517.10

## FOR PAPER FILING ONLY

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## **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			11,011,711,7	2,020.00
2221 Myrtle Ave	1 -	ino/m	ailers share		
City		tate	Zip Code	Check Number	
Columbus	0	H	43211	102	
To Whom Paid	10	; **	10211	M D Y	Amount
Merisa K. Bowers				0 9 2 1 1 7	105.00
Address	Purpose			10   7   2   1   1   7	100.00
400 S Fifth Street, Suite 101	1 '	reimhi	ırsement		
City		ate	Zip Code	Check Number	
Columbus	0	Н	43215	101	
To Whom Paid			10210	M D Y	Amount
Merisa K. Bowers				0 9 2 1 1 7	300.00
Address	Purpose			0 7 2 1 1 1 7	500.00
400 S. Fifth Street, Suite 101	treasi	ırer se	rvices		
City		ate	Zip Code	Check Number	
Columbus	0	H	43215	101	
To Whom Paid			10210	M D Y	Amount
Kemba Financial Credit Union				0 7 3 1 1 7	10.00
Address	Purpose			13.1.1.5.1.5.1.5.1.5	
555 Officenter Place/PO Box 307370	bank	fee			
City		ate	Zip Code	Check Number	
Gahanna	0	H	43230	ACH	
To Whom Paid			L	Mị Dị Yị	Amount
Kemba Financial Credit Union				0 8 3 1 1 7	10.00
Address	Purpose				
555 Officenter Place/PO Box 307370	bank fee				
City		ate	Zip Code	Check Number	
Gahanna	0		43230	ACH	
To Whom Paid		•		M D Y	Amount
Address	Purpose				
			4		
City	St	ate	Zip Code	Check Number	
To Whom Paid	l			M D Y	Amount
10 whom Paid				M D Y	Amount
Address	Purpose				
	1 47,000				
City	St	ate	Zip Code	Check Number	
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To Whom Paid		·		M D Y	Amount
Address Purpose					
			In a l	Tour training	
City	St	ate	Zip Code	Check Number	
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Page Total S	3,050.00
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