

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Families for Charles Wise									
To Whom Paid Epilepsy Foundation of Central Ohio						M	D	Y	Amount
						0	2	0	\$13.80
Address 17 South High Street - Suite 1000						Purpose Donation			
City Columbus						State OH		Zip Code 43215	Check Number 119
To Whom Paid Key Bank						M	D	Y	Amount
						0	2	0	\$5.00
Address PO Box 93885						Purpose Bank Fee			
City Cleveland						State OH		Zip Code 44101	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
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