## **Statement of Expenditures**



Prescribed by Secretary of State 2/01

		<del></del>		
Name of Committee in Full McClellan for UA Schools				
To Whom Paid Total loan payments made from Form no. 31-C			M D Y 1 2 0 1 3	Amount \$500.00
Address	Purpose			
		· 1=: a :		
City	State .	Zip Code	Check Number	
To Whom Paid		-	M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	公司 经过程
T- Who - Dold				
To Whom Paid			M D Y	Amount
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T. 114				医生态作到
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City	State	Zip Code	Check Number	
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To Whom Paid		ļ	M D Y	Amount
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To Whom Paid			M D Y	Amount
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Cny	OH	Zip code	Check Number	