

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Peterson for Dublin						
To Whom Paid Sheila Reiner			M 11	D 23	Y 13	Amount 895.00
Address 8977 Twin Hill Ct. N.		Purpose Reimbursement for our half of Thank you party.				
City Dublin	State OH	Zip Code 43017	Check Number 1006			
To Whom Paid U.S. Bank			M 11	D 23	Y 13	Amount 8.00
Address 6320 Frantz Rd		Purpose Analysis Service Charge				
City Dublin	State OH	Zip Code 43017	Check Number Bank Withdrawal			
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			
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			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			

* This check is not available to provide with this report. As soon as it becomes available to me. I will file an amendment to this report pursuant to Secy of State instructions for Form 31-B.

Page Total \$ **903**