

FOR PAPER FILING ONLY

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Carpenters Local Union 200 PCE									
To Whom Paid Friends of John O'Grady						M	D	Y	Amount 500.00
Address 545 E. Town St.			Purpose Contribution						
City Columbus			State OH	Zip Code 43215		Check Number 1098			
To Whom Paid						M	D	Y	Amount
Address			Purpose Contribution						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose Contribution						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose Contribution						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose Contribution						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose Contribution						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose Contribution						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose Contribution						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose Contribution						
City			State OH	Zip Code		Check Number			

500.00
Page Total ~~\$0.00~~