

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

| | | | | | | | | | |
|---|--|--|--|--|--|--------------------------------|---|--------------------------|--------------------------|
| Name of Committee in Full Darryl For Office | | | | | | | | | |
| To Whom Paid Avery Paper | | | | | | M | D | Y | Amount \$56.25 |
| Address 431 E. Livingston | | | | | | Purpose Door Hangers | | | |
| City Columbus | | | | | | State OH | | Zip Code 43215 | 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 |