

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 4

Name of Committee in Full <b>Citizens for Thomas</b>									
To Whom Paid <b>Ohio Ethics Commission</b>						M	D	Y	Amount <b>\$60.00</b>
						0	2	1	8
Address <b>30 W Spring St</b>						Purpose <b>Filing Fee</b>			
City <b>Columbus</b>						State <b>OH</b>		Zip Code <b>43215</b>	
						Check Number <b>DC</b>			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
						Check Number			

Page Total **\$60.00**