31-B
R.C. 3517.10

Statement of Expenditures

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full				
IATSE Local 12 PCE				
To Whom Paid Friends of Marilyn Brown			**M D Y** 06 04 14	**Amount** $1,000.00
Address 545 E Town St.	**Purpose**			
City Columbus	**State** OH	**Zip Code** 43215	**Check Number** 1001	
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**	

Page Total $1,000.00