

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF JANE FOX									
To Whom Paid PLEASE SEE ATTACHED DETAIL OF EXPENDITURES.						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				
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code		Check Number				