

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Page \_\_\_\_\_

Name of Committee in Full									
To Whom Paid						M	D	Y	Amount
Al Hammond						0	9	3	\$4,000.00
Address			Purpose						
549 Illinois Court			School Board Race						
City			State	Zip Code	Check Number				
Westerville			Ohio	43081	197				
To Whom Paid						M	D	Y	Amount
Cindy Crowe						0	9	3	\$2,000.00
Address			Purpose						
438 Olde Mill Dr.			School Board Race						
City			State	Zip Code	Check Number				
Westerville			Ohio	43082	196				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				

Page Total \$ \_\_\_\_\_