

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Dr Anahi Ortiz									
To Whom Paid Latina Mentoring Academy						M 0	D 6	Y 11	Amount 80.00
Address 150 South Front Street			Purpose Charitable contribution						
City Columbus			State O	H H	Zip Code 43215	Check Number 164			
To Whom Paid Transfer from 31F						M 	D 	Y 	Amount 986.12
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			
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			