Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Joseph W. Tester								
Postmaster					M D Y Amount i 1 2 6 0 7 123.60			
Address 850 Twin Rives Dr.	Purpose Pos tase State Zip Code Check Number							
City	State Zip Code OH4325				Check Number 3 6 15			
To Whom Paid				м / 2	D 3	o 7	Amount 126,93	
Cindy Hardy Address 7970 Sethwick Rd.	Purpose Reinbusement-5				pples			
City D. bl.n	State	1-1	Zip Code 4 3016	Check N	umber	0		
To Whom Paid				М	D	Y	Amount	
Address	Purpose							
City	State	2	Zip Code	Check N	umber	T		
To Whom Paid				М	Ь	Y	Amount	
Address	Purpose							
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To Whom Paid					D		Amount	
Address	Purpose				Check Number			
City	Stat	e	Zip Code	Check I	Number	TV	Amount	
To Whom Paid							Amount	
Address	Purpose State Zip Code			Charles	Number			
City	Sta	ie	Zip Code	M	Di	ΙŃ	Amount	
To Whom Paid Address Purpose							1	
Address	State Zip Code				Check Number			
City	314		2.5 cour	M	I D	[Y	Amount	
To Whom Paid "	Purpose							
Address	State Zip Code				Check Number			
City	312		Zip Couc	Check	ivumbe:			