

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full KNEELAND FOR COUNCIL									
To Whom Paid GAHANNA POSTAL STORE						M	D	Y	Amount
						1	0	2 2 0 7	\$8.20
Address GRANVILLE STREET				Purpose POSTAGE					
City GAHANNA				State OH	Zip Code 43230		Check Number		
To Whom Paid GAHANNA POSTAL STORE						M	D	Y	Amount
						1	0	2 5 0 7	\$10.40
Address GRANVILLE STREET				Purpose POSTAGE					
City GAHANNA				State OH	Zip Code 43230		Check Number		
To Whom Paid GAHANNA POSTAL STORE						M	D	Y	Amount
						1	0	2 6 0 7	\$13.00
Address GRANVILLE STREET				Purpose POSTAGE					
City GAHANNA				State OH	Zip Code 43230		Check Number		
To Whom Paid GAHANNA POSTAL STORE						M	D	Y	Amount
						1	1	0 2 0 7	\$13.00
Address GRANVILLE STREET				Purpose POSTAGE					
City GAHANNA				State OH	Zip Code 43230		Check Number		
To Whom Paid GAHANNA POSTAL STORE						M	D	Y	Amount
						1	1	1 6 0 7	\$8.20
Address GRANVILLE STREET				Purpose POSTAGE					
City GAHANNA				State OH	Zip Code 43230		Check Number		
To Whom Paid TOTAL LOAN PAYMENTS MADE FROM FORM NO. 31-C						M	D	Y	Amount
						1	1	0 6 0 7	\$1,058.05
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		