

Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full Darryl for Office					
To Whom Paid Board Candidate Workshop		M	D	Y	Amount \$63.75
Address 8050 N. High Street Suite 100		Purpose Training			
City Columbus	State OH	Zip Code 43235	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		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH	Zip Code	Check Number		