

FOR PAPER FILING ONLY

Statement of Expenditures

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full Schuler for School Board				
To Whom Paid King Strategic Communications			M 1 2 0 4 1 3	D Y Amount 2965.63
Address 750N Corss Pointe Dr.		Purpose Liter and mailing		
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Check Number elec chk	
To Whom Paid Jill Schuler			M 1 2 0 4 1 3	D Y Amount 289.27
Address 88 Highmeadow Dr.		Purpose campaign supplies/reimbursements		
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Check Number 04911022 c	
To Whom Paid			M 	D
Address		Purpose		
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number	
To Whom Paid			M 	D
Address		Purpose		
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number	
To Whom Paid			M 	D
Address		Purpose		
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number	
To Whom Paid			M 	D
Address		Purpose		
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number	
To Whom Paid			M 	D
Address		Purpose		
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number	
To Whom Paid			M 	D
Address		Purpose		
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number	
To Whom Paid			M 	D
Address		Purpose		
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number	

Page Total **3254.90**