2 - 21-B R.C. 3517.10

Statement of Expenditures

Page 3

Prescribed by Secretary of State 2/01

Name of Committee in Full				
To Whom Paid US Postmaster			0 9 2 8 15	Amount # 902.06
Address	Purpose Mailing S State Zip Code Check Number OH H3/33 I/OH Amount			
Grove City	State OH	Zip Code 43/33	Check Number	
To Whom Paid M D Y Amount				
Address .	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
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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	