

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of David Samuel										
To Whom Paid 9 US POST OFFICE							M	D	Y	Amount
Address: GRANVILLE ST							Purpose: POSTAGE			
City GAHANNA,				State OH		Zip Code 43230		Check Number		
To Whom Paid 10 US POST OFFICE							M	D	Y	Amount
Address: GRANVILLE ST							Purpose: POSTAGE			
City GAHANNA				State OH		Zip Code 43230		Check Number		
To Whom Paid 11 ROCKY FORK PRINTING							M	D	Y	Amount
Address: 165 GRANVILLE ST							Purpose: FLYERS			
City GAHANNA				State OH		Zip Code 43230		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		
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		