Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Julia L. Dorrian				
To Whom Paid Capital Club			0 3 2 1 0 9	Amount \$358.68
Address	^{ourpose} Campaign Committee			
City Columbus	State OH	Zip Code 43215	Check Number 105	
To Whom Paid National City Bank			$\begin{bmatrix} M \\ 0 \end{bmatrix} 3 \begin{bmatrix} 3 \\ 3 \end{bmatrix} 1 \begin{bmatrix} Y \\ 0 \end{bmatrix} 9$	Amount \$3.00
1 Iddiesb	Purpose Service Charge			
City Cleveland	State OH	Zip Code 44101	Check Number	
To Whom Paid Shamrock Club			0 4 0 3 0 9	Amount \$100.00
Address 60 W. Castle Road		y Reunion Program A	The state of the s	
City Columbus	State OH	Zip Code 43207	Check Number 106	
To Whom Paid Expenditures from Form 31-F			M D Y	Amount \$717.36
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	