

31-B

R.C. 3517.10

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee to Full									
To Whom Paid						M	D	Y	Amount
Citizens For Nichter						0	5	3	85.00
Citizens For Kelley McElivern						0	5	3	85.00
Address 3257 North Hampton Dr						Purpose Contribution			
City Hilliard						State Ohio		Zip Code 43026	Check Number
To Whom Paid CME Federal Credit Union						0	7	3	8.71
Address 365 South Fourth St						Purpose Bank Fees			
City Columbus						State Ohio		Zip Code 43215	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
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number

Page Total \$ 93.71