

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--------------------------|---|-----------------------------------|---|--------|---|---|-------|
| Name of Committee in Full CITIZENS FOR QUINCEL | | | | | | | | | | | | | |
| To Whom Paid OHIO ETHICS COMMISSION | | | | | | | M | D | Y | Amount | | | |
| | | | | | | | 0 | 5 | 0 | 2 | 1 | 7 | 35.00 |
| Address 30 W. SPRING ST. | | | | Purpose 2016 FINANCIAL DISCLOSURE FEES | | | | | | | | | |
| City COLUMBUS | | | | State O H | | Zip Code 43215 | | Check Number DEBIT CARD | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
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| City | | | | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | |