Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full		+			
Franklin County For	am_				_
To Whom Paid Mike Robin Con				M D Y Y 1	Amount SO
Name of Committee in Full FrankLis County For To Whom Paid Mike Robin Son Address 397 W. Troad City O	Purpose				
Columbus	State	Zip	ode 43215	Check Number 1406	
To Whom Paid		M D Y	Amount		
Address	Purpose			<u> </u>	
City	State	Zip	Code	Check Number	
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Address	Purpose				
City	State	Zip C	ode	Check Number	
To Whom Paid		•		M D Y	Amount
Address	Purpose				
City	State	Zip C	ode	Check Number	

Page Total \$ 1000