

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Citizens for Bonnie Michael												
To Whom Paid Post Master						M	D	Y	Amount			
						0	3	2	4	0	9	\$5.49
Address				Purpose postage								
City Worthington				State OH		Zip Code 43085		Check Number 5108				
To Whom Paid Ohio Ethics Committee						M	D	Y	Amount			
						0	3	2	6	0	9	\$25.00
Address				Purpose name filing fee								
City Columbus				State OH		Zip Code 43216		Check Number 5107				
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 OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State OH		Zip Code		Check Number				

Page Total **\$30.49**