Statement of Expenditures

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| Page | | |

Prescribed by Secretary of State 2/01

| Name of Committee in Full Brennan for Mayo | | <u> </u> | | |
|--|-------------------------|-------------------|--|--|
| To Whom Paid Bexley Educational Foundation | | | 0 8 1 6 1 2 | Amount \$1,887.62 |
| Address 348 S. Cassingham Rd. | Purpose Contribution | | | |
| City Bexley | State OH | Zip Code 43209 | Check Number 1042 | and the second |
| To Whom Paid Bexley Community Foundation | | | $\begin{bmatrix} M & D & Y \\ 0 & 8 & 1 & 6 & 1 & 2 \end{bmatrix}$ | Amount \$1,887.62 |
| Address 552 S. Drexel | Purpose Contribution | | | |
| City Bexiey | State OH | Zip Code 43209 | Check Number | |
| To Whom Paid Chase Bank | l n | | $\begin{bmatrix} 0 & 8 & 1 & 6 & 1 & 2 \end{bmatrix}$ | ************************************** |
| Address 100 East Broad Street | Purpose Bank charg | | <u> </u> | |
| City Columbus | State OH | Zip Code 43215 | Check Number N/A M D Yi | Amount |
| To Whom Paid | Purpose | | IVI D I | |
| Address | | Tip Code | | |
| City | State OH | Zip Code | Check Number M. D. Y. | Amount |
| To Whom Paid | I P | <u> </u> | 1VK D 1 | zmoun |
| Address | Purpose | Ta: a t | | |
| ·City | State OH | Zip Code | Check Number | 1 |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | 7:- C-1- | | |
| City | State OH | Zip Code | Check Number M D Y | Amount |
| To Whom Paid | In | | M D Y | - Annount |
| Address | Purpose | 17: 0.1 | | |
| City | State OH | Zip Code | Check Number | Amount |
| To Whom Paid | Dumore | | M D Y | Amount |
| Address | Purpose | 17.01 | - | |
| City | State OH | Zip Code | Check Number | Filled 1 |