

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full									
To Whom Paid						M	D	Y	Amount
DID BAG OF NAILS						0	9	08	34.10
Address			Purpose						
			MEETINGS/MEALS						
City			State	Zip Code	Check Number				
Columbus			OH		DEBIT				
To Whom Paid						M	D	Y	Amount
WIX.COM						0	9	08	12.95
Address			Purpose						
			WEBSITE						
City			State	Zip Code	Check Number				
NEW YORK			NY		DEBIT				
To Whom Paid						M	D	Y	Amount
DSBA						0	8	26	55.00
Address			Purpose						
			EVENT						
City			State	Zip Code	Check Number				
Columbus			OH		181				
To Whom Paid						M	D	Y	Amount
DID BAG OF NAILS						1	0	05	19.18
Address			Purpose						
			MEETINGS/MEALS						
City			State	Zip Code	Check Number				
Columbus			OH		DEBIT				
To Whom Paid						M	D	Y	Amount
CREDIT CARD						1	0	06	2.25
Address			Purpose						
			PARKING						
City			State	Zip Code	Check Number				
Columbus			OH		DEBIT				
To Whom Paid						M	D	Y	Amount
WIX.COM						1	0	11	12.95
Address			Purpose						
			WEBSITE						
City			State	Zip Code	Check Number				
NEW YORK			NY		DEBIT				
To Whom Paid						M	D	Y	Amount
ROOSTERS						1	0	17	15.62
Address			Purpose						
			MEETINGS/MEALS						
City			State	Zip Code	Check Number				
Columbus			OH		DEBIT				
To Whom Paid						M	D	Y	Amount
Franklin County Democratic Party						0	9	29	100.00
Address			Purpose						
			EVENT						
City			State	Zip Code	Check Number				
Columbus			OH		182				