

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 4

Name of Committee in Full FRIENDS OF WILL SCHUCK									
To Whom Paid PAYPAL						M	D	Y	Amount \$0.18
Address 12312 Port Grace Blvd						Purpose BANK VERIFICATION FEE			
City LA VISTA						State NE		Zip Code 68128	
Check Number									
To Whom Paid OHIO ETHICS COMMISSION						M	D	Y	Amount \$35.00
Address 30 W. SPRING ST., #L3						Purpose REPORT FILING FEE			
City COLUMBUS						State OH		Zip Code 43215	
Check Number 0 5 0 3 1 3									
To Whom Paid REYNOLDSBURG POST OFFICE						M	D	Y	Amount \$165.00
Address						Purpose POSTAGE			
City REYNOLDSBURG						State OH		Zip Code 43068	
Check Number									
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									

Page Total **\$200.18**