Statement of Expenditures

Page ____

Prescribed by Secretary of State 2/01

| Name of Committee in Full CITIZENS FOR WRIGHT | | | | |
|---|---------------------|---------------------------------------|---------------------|-------------------|
| To Whom Paid DUNKIN DONUTS | · | | M D Y 1 1 1 0 7 1 1 | Amount \$4.38 |
| Address 1111 N. HAMILTON RD | Purpose STAFF C | Purpose STAFF COFFEE | | |
| City GAHANNA | State OH | Zip Code 43230 | Check Number | |
| To Whom Paid STAPLES | | | M D Y 1 1 1 1 1 1 1 | Amount \$21.59 |
| Address 3790 E. BROAD ST | Purpose OFFICE (| SUPPLIES | | |
| COLUMBUS | State OH | Zip Code 43213 | Check Number | |
| To Whom Paid FED-EX OFFICE | | | M D Y 1 6 1 1 | Amount \$60.81 |
| Address 2668 BRICE RD | Purpose COPIES | | | |
| City REYNOLDSBURG | State OH | Zip Code 43068 | Check Number | |
| To Whom Paid FED-EX OFFICE | | · · · · · · · · · · · · · · · · · · · | M D Y | Amount \$20.25 |
| Address 2668 BRICE RD | Purpose COPIES | | | • |
| City REYNOLDSBURG | State OH | Zip Code 43068 | Check Number | |
| To Whom Paid | | 1 | M D Y | Amount |
| Address | Purpose | | 1 : | • |
| 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 Poid | 1 | | M D Y | Amount |
| Address | Purpose | | | ı |
| City | State OH | Zip Code | Check Number | |