

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Clemens</b>											
To Whom Paid <b>Mel Clemens</b>					M	D	Y	Amount			
					1	2	0	4	1	5	430.11
Address <b>6594 Furth Dr</b>				Purpose <b>Repayment of Loan</b>							
City <b>Reynoldsburg</b>				State <b>O H</b>		Zip Code <b>43068</b>		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		Zip Code		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		Zip Code		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		Zip Code		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		Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount			