## **Statement of Expenditures**



Prescribed by Secretary of State 2/01

| Name of Committee in Full REYNOLDSBURG AREA DEMOCRAT | S PAC                                 |                   | _                                |
|--|---------------------------------------|-------------------|----------------------------------|
| To Whom Paid MARCO MILLER PRINTING                   |                                       |                   | M D Y Amount \$107.50            |
| Address<br>5990 E LIVINGSTON AVE                     | Purpose<br>POSTCARDS                  |                   |                                  |
| City<br>COLUMBUS                                     | State<br>OH                           | Zip Code<br>43232 | Check Number DEBIT CARD          |
| To Whom Paid DEALS                                   |                                       |                   | 0 4 0 6 1 7 Amount \$6.45        |
| Address 7691 FARMSBURY                               | Purpose<br>SUPPLIE                    |                   |                                  |
| City REYNOLDSBURG                                    | OH State                              | Zip Code<br>43068 | Check Number DEBIT CARD          |
| To Whom Paid FIREPLACE GIFTS                         |                                       |                   | M D Y Amount \$48.38             |
| Address 6800 E MAIN STREET                           | Purpose FLOWERS RE CANDIDATE'S MOTHER |                   |                                  |
| City<br>REYNOLDSBURG                                 | OH State                              | Zip Code<br>43068 | Check Number DEBIT CARD          |
| To Whom Paid ACTBLUE AND VANTIV                      |                                       |                   | M D Y Amount 0 6 3 0 1 7 \$36.88 |
| Address  | Purpose<br>MONTHL                     | Y CHARGES FOR I   | DONATION PROCESSING              |
| City   | OH State                              | Zip Code          | Check Number DEBIT MEMO          |
| To Whom Paid   |                                       |                   | M D Y Amount                     |
| Address  | Purpose                               |                   |                                  |
| City   | OH State                              | Zip Code          | Check Number                     |
| To Whom Paid   |                                       |                   | M D Y Amount                     |
| Address  | Purpose                               |                   |                                  |
| City   | OH 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<br>OH                           | Zip Code          | Check Number                     |