Page	1

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full Donahey Committee								
To Whom Paid				М	D		Y	Amount
Smyrna Missionary Baptist Church				$0 \mid 5$	5 2	7	0 6	
Address	Purpose Contribution							
1650 Wilson Avenue			unon	GL . 1	NT 1.			
City	State Zip Code			Check				
Columbus	10	H	43207		10			
To Whom Paid				M	D	) 	Y 	Amount
Address	Purpose							
City	State Zip Code			Check	Numb	er		
To Whom Paid	1		<u> </u>	M	D		Y 	Amount
Address Purpose								
City	State Zip Code			Check	Numb	ег		
To Whom Paid	<u> </u>			M	D		Y	Amount
Address	Purpose							
City	State Zip Code			Check Number				
To Whom Paid		<del>!,</del>		М	D		Y	Amount
Address Purpose							• · · · · · · · · · · · · · · · · · · ·	
City	State Zip Code			Check	Numb	er		
To Whom Paid				M	D		Y	Amount
Address Purpose								
City	State Zip Code		Check Number				****	
To Whom Paid					D	!	Y	Amount
Address Purpose								
City	State Zip Code		Check Number					
To Whom Paid M D Y Amount					Amount			
Address	Purpose							
City	St	ate	Zip Code	Check	Numb	ег		
	_	_						

Page Total \$25.	.00_
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