Statement of Expenditures

Page _	

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jan Gorniak									
To Whom Paid			M	D	,		Amount		
Fifth Third Bank		<u></u>		<u> </u>	<u> </u>		\$30.00		
Address PO BOX 630900	Ршроse Bank fees for 7/1/14 -12/31-14								
City Cinncinnati	State OH	Zip Code	Check Number						
To Whom Paid			M	D	Ι,	Ì	Amount		
Address	Purpose			<u>, , , , , , , , , , , , , , , , , , , </u>	,	!			
City	State OH .	Zip Code	Check Number						
To Whom Paid			M	D)		Amount		
Address .	Purpose			<u> </u>	,I				
City	State OH	Zip Code	Check Number						
To Whom Paid	•	•	M	D	Τ,		Amount		
Address	Purpose				'	•			
City	State OH	Zip Code	Check Number						
To Whom Paid			M	D	Ι,		Amount		
Address	dress Purpose								
City	State OH	Zip Code	Check Number						
To Whom Paid			M	D	1		Amount		
Address	Purpose		· ·	.t <u>:-</u> -					
City	State OH	Zip Code	Check ?	Vumber					
To Whom Paid	·		M	D	1		Amount		
Address	Purpose								
City	State OH	Zip Code	Check?	Number					
To Whom Paid			М	D]		Amount		
Address	Purpose								
City	State OH	Zip Code	Check l	Number					