

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full Friends of Jan Gorniak							
To Whom Paid Fifth Third Bank				M	D	Y	Amount \$30.00
Address PO BOX 630900		Purpose Bank fees for 7/1/14 -12/31-14					
City Cincinnati		State OH	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 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 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 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		

Page Total \$30.00