Statement of Expenditures

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| Page | |

Prescribed by Secretary of State 2/01

| Name of Committee in Full Committee to Elect J.W. Kline | | | | | | | |
|---|--|-------------------|--------------|----------|---------------------------------------|--------------------|--|
| To Whom Paid Mid Ohio Food Bank | | | м 0 1 | D 2 9 | ^У 1 О | Amount \$514.13 | |
| Address 3690 Brookham Dr. | Purpose Charitable Contribution for Termination of Committee | | | | | | |
| City Grove City | State OH | Zip Code 43123 | Check Number | | | | |
| To Whom Paid | | | М | D | Y | Amount | |
| Address | Purpose | | | | | | |
| City | State OH | Zip Code | Check Number | | | | |
| To Whom Paid | | | M | D | Y | Amount | |
| Address | Purpose | | | 1 | | | |
| 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 | | | М | D | Y | Amount | |
| Address | Purpose | | | | | | |
| City | State OH | Zip Code | Check Number | | | | |
| To Whom Paid | | | М | D | Y | Amount | |
| Address | Purpose | | B | ·d | | | |
| City | State OH | Zip Code | Check N | Number | | | |
| To Whom Paid | | | М | D | Y | Amount | |
| Address | Purpose | | | | J | x 2.7.1. | |
| City | State OH | Zip Code | Check N | Number | Artegogyalliyeti oldaby | | |
| To Whom Paid | | | М | D | Y | Amount | |
| Address | Purpose | | | | · · · · · · · · · · · · · · · · · · · | В | |
| City | State OH | Zip Code | Check N | Number | energia artenistra nec | | |