

# Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Elect J.W. Kline</b>									
To Whom Paid <b>Mid Ohio Food Bank</b>						M	D	Y	Amount <b>\$514.13</b>
Address <b>3690 Brookham Dr.</b>						Purpose <b>Charitable Contribution for Termination of Committee</b>			
City <b>Grove City</b>						State <b>OH</b>	Zip Code <b>43123</b>		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number