

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 2

Name of Committee in Full Citizens for Michael Schnetzer							
To Whom Paid Ohio Ethics Commission				M 0 5	D 1 6	Y 1 6	Amount \$35.00
Address 30 W. Spring St.		Purpose Annual Filing Fee					
City Columbus		State OH	Zip Code 43215		Check Number Electronic		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					