Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Hedrick	1 1000 100 1000 1		A CONTROL OF THE CONT	
To Whom Paid			M D Y	Amount
Fifth Third Bank			0 3 1 1 0 9	\$50.00
Address	Purpose			
P.O. Box 182026	Bank Charge for termination of account			
City	State	Zip Code	Check Number	S Brown
Columbus	OH	43218	N/A	
To Whom Paid Bill Hedrick			M D Y O 9	Amount \$53.71
Address	Purpose			t-
535 West 1st Ave.	Repayment of Loan			
City	State	Zip Code	Check Number	
Columbus	OH	43215	14630176	
To Whom Paid			M D Y	Amount
Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	e recht
City	ОН		Check Number	
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	une contraction of the contracti		
City	OH State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid			M D Y	Amount
Address	Ригроѕе			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
rian cos				
City	State	Zip Code	Check Number	
•	ОН			