

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

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|--|--|--|--|--|--|---|---|-------------------|--------------------------|
| Name of Committee in Full Friends for Hedrick | | | | | | | | | |
| To Whom Paid Fifth Third Bank | | | | | | M | D | Y | Amount \$50.00 |
| Address P.O. Box 182026 | | | | | | Purpose Bank Charge for termination of account | | | |
| City Columbus | | | | | | State OH | | Zip Code 43218 | Check Number N/A |
| To Whom Paid Bill Hedrick | | | | | | M | D | Y | Amount \$53.71 |
| Address 535 West 1st Ave. | | | | | | Purpose Repayment of Loan | | | |
| City Columbus | | | | | | State OH | | Zip Code 43215 | Check Number 14630176 |
| 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 \$103.71