

Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full C111224 TO ASSECT KRASTOVICH TRUSTEE										
To Whom Paid DUBUQUE QUARTERBACK CLUB							M	D	Y	Amount
Address 5159 NEEDLETON DR							09	10	13	61.00
Purpose ADIN FOOTBALL PROGRAM										
City DUBUQUE							State OH		Zip Code 43017	Check Number
To Whom Paid FIFTH THIRD BANK							M	D	Y	Amount
Address PO BOX 630900							11	13	13	146.00
Purpose SERVICE CHARGE 10-10, 9-12										
City COLUMBUS							State OH		Zip Code 43017	Check Number SERIAL
To Whom Paid K-6 STRATEGIC COMMUNICATIONS							M	D	Y	Amount
Address 750N CROSS FORTERD							10	24	13	500
Purpose PRINTING										
City COLUMBUS							State OH		Zip Code 43230	Check Number 2231837
To Whom Paid OHIO REPUBLICAN PARTY							M	D	Y	Amount
Address 8 E. 6th STREET							10	29	13	2755.88
City COLUMBUS							State OH		Zip Code 43215	Check Number CASHIER CHECK
To Whom Paid ALICE							M	D	Y	Amount
Address										
City							State		Zip Code	Check Number
To Whom Paid							M	D	Y	Amount
Address										
City							State		Zip Code	Check Number
To Whom Paid							M	D	Y	Amount
Address										
City							State		Zip Code	Check Number
To Whom Paid							M	D	Y	Amount
Address										
City							State		Zip Code	Check Number

3262.50

3272.50

2770.88

Page Total \$