

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

| | | | | | | | | | |
|--|--|--|--|--|--|--|---|--------------------------|-----------------------------------|
| Name of Committee in Full Comfort For UA Schools | | | | | | | | | |
| To Whom Paid Gregory Comfort | | | | | | M | D | Y | Amount \$710.67 |
| Address 3390 London Court | | | | | | Purpose Partial loan repayment | | | |
| City Upper Arlington | | | | | | State OH | | Zip Code 43221 | Check Number Bank Check |
| 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 |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | Purpose | | | |
| City | | | | | | State OH | | Zip Code | Check Number |