

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR QUINCEL												
To Whom Paid FRANKLIN COUNTY BOARD OF ELECTIONS						M	D	Y	Amount			
						0	1	3	1	1	9	45.00
Address 1700 MORSE ROAD				Purpose FILING FEE								
City Columbus				State O H		Zip Code 43229		Check Number 1008				
To Whom Paid OHIO ETHICS COMMISSION						M	D	Y	Amount			
						0	5	0	1	1	9	35.00
Address 30 W. SPRING STREET				Purpose 2018 FINANCIAL DISCLOSURE FEES								
City COLUMBUS				State O H		Zip Code 43215		Check Number DEBIT CARD				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			

Page Total \$ 80.00