Page 1

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full								
CITIZENS FOR QUINCEL To Whom Paid M D Y Amount								
FRANKLIN COUNTY BOARD OF ELE					1 1	<u> </u> 9	<u> </u>	45.00
Address 1700 MORSE ROAD	Purpose FILING	FEE						
City	State	Check Number						
Columbus	$O \mid H$	43229	L	100	_			
To Whom Paid OHIO ETHICS COMMISSION	-		м 0 5	D 0	ı	Y 9	Amount	35.00
Address	Purpose							
30 W. SPRING STREET	2018 FINANCIAL DISCLOSURE FEES							
COLUMBIC	State H	Zip Code 43215		Number BIT (רום		
COLUMBUS To Whom Paid	$O \mid H$	43213	M	DII V		Υ	Amount	
C THOMAS MICE								
Address Purpose								
City	State	Check Number						
		Zip Code				1		
To Whom Paid			M	D		Y	Amount	
Address	Purpose		<u> </u>					
City	State Zip Code			Numbe	r			
To Whom Paid			М	D	7	Y	Amount	
					\bot		<u></u>	
Address	ress Purpose							
City	State	Zip Code	Check Number					
To Whom Paid				D	T	Y	Amount	
Address Purpose							<u> </u>	
		In: o .	To:	<u>.</u>				
City	State	Zip Code	Check Number					
To Whom Paid			М	D		Y	Amount	
Address	Purpose						<u> </u>	
City	State	Zip Code	Check Number					
To Whom Paid	l		M	D	Т	Y	Amount	
	-						<u> </u>	
Address	ddress Purpose							
City	State	Zip Code	Check	Numbe	т			

Page Total \$	80.00
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