Page	_1_

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Citizens to Elect Mike Schadek						
To Whom Paid				M D Y	Amount	40.00
Kemba Financial Credit Union	1			0 7 3 1 1 7	<u> </u>	10.00
Address	Purpose	,				
555 Officecenter Pl			vice fee			
City		ate I T T	Zip Code	Check Number		
Gahanna	0	H	43230	debit		
To Whom Paid				M D Y	Amount	10.00
Kemba Financial Credit Union				0 8 3 1 1 7	4	10.00
Address	Purpose					
555 Officecenter Pl	Bank service fee					
City	State Zip Code			Check Number		
Gahanna	10	H	43230	debit		
To Whom Paid				M D Y	Amount	10.00
Kemba Financial Credit Union	T2:			0 9 3 0 1 7	4	10.00
Address	Purpose	.1	: C			
555 Officecenter Pl			vice fee	lot 1 v - 1 -		
City		ate I II	Zip Code	Check Number		
Gahanna	10	H	43230	debit	_	
To Whom Paid				M D Y	Amount	10.00
Kemba Financial Credit Union	T2.			1 0 3 1 1 7	<u> </u>	10.00
Address	Purpose					
555 Officecenter Pl	Bank service fee					
City		ate	Zip Code	Check Number		
Gahanna	10	H	43230	debit	_	
To Whom Paid				M D Y	Amount	10.00
Kemba Financial Credit Union			<del></del>	1 1 3 0 1 3	4	10.00
Address	Purpose					
555 Officecenter Pl		Bank service fee				
City		ate	Zip Code	Check Number		
Gahanna	10	H	43230	debit		
To Whom Paid				M D Y	Amount	40.00
Kemba Financial Credit Union				1 2 3 1 1 2	7	10.00
Address	Purpose					
555 Officecenter Pl	Bar	ık ser	vice fee			
City	St	ate	Zip Code	Check Number		
Gahanna	<u> 10</u>	<u> H</u>	43230	debit		
To Whom Paid				M D Y	Amount	
Address	Purpose					
City	Sı	tate	Zip Code	Check Number		
	1	1	}	_L		
To Whom Paid				M D Y	Amount	
Address	Purpose					
City	S	tate	Zip Code	Check Number		
1		1	[ ]	1		
I						

Page Total \$60.00
--------------------