

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jim Reese							
To Whom Paid Ohio Engraving				M	D	Y	Amount 18.50
Address 78 N Hamilton Rd				Purpose Printing			
City Gahanna		State O H	Zip Code 43230	Check Number 0093			
To Whom Paid Dem Sign				M	D	Y	Amount 89.99
Address 5530 Fox Run Dr				Purpose Printing			
City Corpus Christi		State T X	Zip Code 78413	Check Number 0094			
To Whom Paid Mallory Murphv Law, LLC				M	D	Y	Amount 300.00
Address 4100 Regent Street, Suite A				Purpose Legal Services			
City Columbus		State O H	Zip Code 43219	Check Number 1051			
To Whom Paid Event Expenses from Form 31-F				M	D	Y	Amount 550.00
Address				Purpose			
City		State I	Zip Code	Check Number			
To Whom Paid Mallory Murphy Law, LLC				M	D	Y	Amount 300.00
Address 4100 Regent Street, Suite A				Purpose Legal Services			
City Columbus		State O H	Zip Code 43219	Check Number 1053			
To Whom Paid Dem Sign				M	D	Y	Amount 333.99
Address 5530 Fox Run Dr				Purpose Printing			
City Corpus Christi		State T X	Zip Code 78413	Check Number 1054			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State I	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State I	Zip Code	Check Number			