

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full Committee to elect John Stewart							
To Whom Paid Ohio Ethics Commission				M 1	D 0	Y 1	Amount \$35.00
Address 30 W Spring St		Purpose Filing Fee					
City Columbus		State OH	Zip Code 43215		Check Number		
To Whom Paid Franklin County Board of Elections				M 0	D 9	Y 1	Amount \$25.00
Address 280 E Broad St		Purpose Filing Fee					
City Columbus		State OH	Zip Code 43215		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		