Statement of Expenditures

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to elect John Stewart				
To Whom Paid Ohio Ethics Commission			M D Y 1 0 1 7 1	Amount \$35.00
Address 30 W Spring St	Purpose Filing Fee			
City Columbus	State	Zip Code 43215	Check Number	
To Whom Paid Franklin County Board of Elections			0 9 1 5 1	Amount 1 \$25.00
Address 280 E Broad St	Filing Fee	T		
City Columbus	State OH	Zip Code 43215	Check Number	
To Whom Paid			M D Y	Атоця
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid	<u>, , , , , , , , , , , , , , , , , , , </u>		Mi D Y	Amount
Address	Purpose		! ! ! !	•
City	State	Zip Code	Check Number	
To Whom Paid			Mi D Y	Amount
Address	Purpose		1 ! ! !	•
City	State OH	Zip Code	Check Number	
To Whom Paid	, ,		Mi D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid	······································		M D Y	Amount
Address	Purpose	- AREA SERVICE STRUCK S	_ , , , , , , ,	
City	State OH	Zip Code	Check Number	