Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full	f. l. t. s	L 1 3440 PC	ζ.	
F. FIL Think Bank				Amount /5.00
P.O. Box 630900	Purpose	Di+ Foos -5.	Sut 5.00/month	
City	State OH):+ Ftes -5; Zip Code 45)63	Check Number	
To Whom Paid Sta Johnson for a Address Sto S. Clasaland Aux. City Washerullo	Brighte	OHEO	1009/4	Amount
Address S. Clase Land Aur.	Purpose /	ortalities.		
City City teru. 16	OH.	Zip Code 473-08/	Check Number	
10 whom raid	,		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
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City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose	-		
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Address	Purpose			
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To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	·
To Whom Paid		-	M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
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