31-B R.C. 3517.10

Statement of Expenditures

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Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full TAMARA SHANYFELT FOR JACK	(SON TWP FISCA	L OFFICER		
To Whom Paid STAPLES			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Amount \$7.48
Address 1739 STRINGTOWN RD	Purpose PRINTER SUPPLIES			
City GROVE CITY	State OH	Zip Code 43123	Check Number 1012	3
To Whom Paid STAPLES			$\begin{bmatrix} M \\ 1 & 0 & 2 & 7 & 1 \end{bmatrix} 1$	Amount \$34.15
Address 1739 STRINGTOWN RD	Purpose INK			
City GROVE CITY	OH State	Zip Code 43123	Check Number 1013	
To Whom Paid WILLIAM BYRD			$\begin{bmatrix} \mathbf{M} & \mathbf{D} & \mathbf{Y} \\ 1 & 2 & 1 & 3 & 1 \end{bmatrix} 1$	Amount \$1,338.22
Address 4232 KELNOR DR	Purpose LOAN RE	PAYMENT		
City GROVE CITY	OH State	Zip Code 43123	Check Number 1014	
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	OH State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose	10 1 House		
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
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	