

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full FALST DOUGLASS FOR SCHOOL BOARD							
To Whom Paid PROFORMA GBF PRINTING				M 11	D 18	Y 09	Amount 862 17
Address P.O. BOX 640814		Purpose FLYERS					
City CINCINNATI	State OH	Zip Code 45264	Check Number 01				
To Whom Paid SAFE GUARD				M 11	D 18	Y 09	Amount 801 86
Address 1721 WEST 3rd Ave		Purpose SIGNS					
City COLUMBUS	State OH	Zip Code 43212	Check Number 02				
To Whom Paid STANIL & ASSOCIATES				M 11	D 18	Y 09	Amount 909 39
Address 4448 BROADWAY		Purpose SIGNS					
City CINCINNATI	State OH	Zip Code 43123	Check Number 03				
To Whom Paid COLUMBUS DISPATCH				M 12	D 10	Y 09	Amount 447 00
Address P.O. BOX 182537		Purpose PRINT ADS					
City COLUMBUS	State OH	Zip Code 43218	Check Number 04				
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				

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