Statement of Expenditures



Prescribed by Secretary of State 2/01

| Name of Committee in Full COMMITTEE FOR MIKE MCKAY | | | | |
|--|--------------------|-------------------|--------------|----------------------|
| To Whom Paid RED TOWN DESIGN, INC. | | | M 1 5 1 5 | Amount \$1,011.57 |
| 147 DUNCAN DR. | | & PRINTING | | |
| City PATASKALA | State OH | Zip Code 43062 | Check Number | *** |
| To Whom Paid RED TOWN DESIGN, INC. | | | 1 1 0 1 1 5 | Amount \$728.94 |
| 147 DUNCAN DR. | Purpose POSTAGE | | | |
| City PATASKALA | State OH | Zip Code 43062 | Check Number | |
| To Whom Paid | | | M D Y | Amount |
| | Purpose | | | |
| City | State | Zip Code | Check Number | |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | | | |
| City | State | Zip Code | Check Number | 1 |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | | | |
| City | State | Zip Code | Check Number | 2 7 |
| 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 | |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | | | |
| City | State | Zip Code | Check Number | . 0. |