

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|----------------------------------------------------------|--|--------------------------------------------------|---------------|--------------------------|-----------------------------------|---------------|---------------|---------------|------------------------|
| Name of Committee in Full CITIZENS FOR QUINCEL | | | | | | | | | |
| To Whom Paid OHIO ETHICS COMMISSION | | | | | | M 0 | D 4 | Y 2 | Amount 35.00 |
| Address 30 W. SPRING ST. | | Purpose 2017 FINANCIAL DISCLOSURE FEES | | | | | | | |
| City COLUMBUS | | State O | H H | Zip Code 43215 | Check Number DEBIT CARD | | | | |
| 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 | | | | |
| 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 | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | Purpose | | | | | | | |
| City | | State | | Zip Code | Check Number | | | | |