R.C. 3517.10

FOR PAPER FILING ONLY

Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Friends of Debbie Dunlap					
To Whom Paid				M D Y	Amount
Reynoldsburg City Schools				0 1 1 9 1 6	500.00
Address	Purpose				
7244 East Main Street	donation for scholarship				
City	State	Zip Code	Check Number		
Reynoldsburg	OH	43068	1013		
To Whom Paid				M D Y	Amount
Kemba Financial Services				0 1 3 1 1 6	10.00
Address	Purpose				
555 Officecenter Place PO Box 30737(	monthly service fee				
City	State	Zip Code	Check Number		
Gahanna	OH	43230-7370	auto withdr		
To Whom Paid				M D Y	Amount
Kemba Financial Services				0 2 2 9 1 6	10.00
Address	Purpose				
555 Officecenter Place PO Box 307370	monthly service fee				
City	State	Zip Code	Check Number		
Gahanna	OH	43230-7370	auto withdr		
To Whom Paid				M D Y	Amount
Kemba Financial Services				0 3 3 1 1 6	10.00
Address	Purpose				
555 Officecenter Place PO Box 30737(	monthly service fee				
City	State	Zip Code	Check Number		
Gahanna	OH	43230-7370	auto withdr.		
To Whom Paid				M D Y	Amount
Kemba Financial Services				0 4 3 0 1 6	10.00
Address	Purpose				
555 Officecenter Place PO Box 30737(	monthly service fee				
City	State	Zip Code	Check Number		
Gahanna	OH	43230-7370	auto withdr		
To Whom Paid				M D Y	Amount
Kemba Financial Services				0 5 3 1 1 6	10.00
Address	Purpose				
555 Officecenter Place PO Box 30737(	monthly service fee				
City	State	Zip Code	Check Number		
Gahanna	OH	43230-7370	auto withdr		
To Whom Paid				M D Y	Amount
Kemba Financial Services				0 6 3 0 1 6	10.00
Address	Purpose				
555 Officecenter Place PO Box 30737(	monthly service fee				
City	State	Zip Code	Check Number		
Gahanna	OH	43230-7370	auto withdr		
To Whom Paid				M D Y	Amount
Address	Purpose				
City	State	Zip Code	Check Number		
	OH				

560.0