Page	1	

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Carolyn Casper for UA Council							
To Whom Paid			М	D	Y	Amount	2= 00
Ohio Ethics Commission			110	012	1 5	<u> </u>	35.00
Address	Purpose						
30 W Spring Street		disclosure fee	- Im-			·	
City	State	Zip Code		Number	د		
Columbus	OIH	43215-2256		ebit c	_		
To Whom Paid			M	D _	Y	Amount	227.05
Fireball Press			1110	015	ITID	<u> </u>	227:85
Address	Purpose						
27 East 5th Avenue	printing	7:- 0-4-	Ich. de	Number			
City	State	Zip Code			d		
Columbus	OIH	43201		ebit c	_	Amount	
To Whom Paid			М	l D	Y	Amount	
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Address	rwpose						
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Address	Purpose			<u> </u>	! ! -		
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City	State Zip Code Check Number						
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10 710111 112				Ιī	Ιì		
Address Purpose							
City	State	Zip Code	Check Number				
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				1 1	1 1		
Address	Purpose	 					
City	State	Zip Code	Check	Number			
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To Whom Paid		<u></u>	М	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			
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Page Total \$	262.85
Page Total \$	262.85