Statement of Expenditures

Page ____

Prescribed by Secretary of State 2/01

Name of Committee in Full Donna Shirey CCAL Campaign Committee						
To Whom Paid			М	D	Y _i	Amount
Mike Shirey TTT Campaign Committee				0 5		\$150.00
Address	Purpose					
1023 Lancaster Ave	Contribution for campaign - Truro Township Trustee					
City	State	Zip Code	Check Number			
Reynoldsburg	ОН	43068	1251731037			
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check N	lumber		
	ОН		I SHOULK IT			
To Whom Paid	l .		M	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			
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To Whom Paid			M		Y	Amount
Address Purpose						
City	State	Zip Code	Check Number			
	ОН					
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 N	lumber		
To Whom Paid	<u> </u>		M	D	Y	Amount
Address	Purpose		<u> </u>		<u> </u>	
City	OH State	Zip Code	Check N	lumber		
To Whom Paid			M	D	Y	Amount
Address	Purpose		<u> </u>			
City	State OH	Zip Code	Check N	lumber		