Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Judge O'Donn				
To Whom Paid Huntington Bank			M D Y 0 5 1	Amount 4 \$7.00
Address PO Box 1558	Purpose Service	Charge	10 13 10 13 11 1	4 1 47.00
City Columbus	State OH	Zip Code 43216	Check Number	
To Whom Paid Total from 6/11/2014 fund raiser			M D Y	Amount \$47.16
Address	Purposc			_ .
City . ·	State OH	Zip Code	Check Number	
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 Number	Fu to the same of
To Whom Paid			M D Y	Amount
Address	Purpose		• • • •	•
City	OH ,	Zip Code	Check Number	1.47
To Whom Paid			M D Y	Amount
Address	Purpose		· · · · · · · · · · · · · · · · · · ·	
City	OH State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			•
City	OH State	Zip Code	Check Number	a h
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	