## **Statement of Expenditures**

Page 6

Prescribed by Secretary of State 2/01

Name of Committee in Full						
To Whom Paid FAMILY DOLLAR			M D Y Amount 12/2/6/19:35			
Address	Purpose    SIEM   SUPP   ES   State   Zip Code   Check Number					
Columbus	State	Zip Code	Check N	umber EBIT	,	
_ROOSTOL'S_			M D Y Amount 27 33			
Address	Purpose  METINGS / MER/S  State   Zip Code / Check Number					
city Columbus	State OH	Zip Code /		EBIT		
Columbus To Whom Paid DST CAC CRIM (DELTM Address	Sorr	orm)	12	19	1 6	65.28
Address  City	SCH OLA Struta	RSHIP WENT	a			
COlumbus To Whom Paid	DH_	Zip Code /	Check N	lumber BIT	•	Amount
Address	Purpose		174		1	Amount
City	State	Zip Code				
	State	Zip Code	Check N		V.	
To Whom Paid	Dumoss		M	D		Amount
Address	Purpose	[7:- C-1				
City	State	Zip Code	Check N			
To Whom Paid			M L	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check N			
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 N	lumber		