

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full									
To Whom Paid FAMILY DOLLAR						M	D	Y	Amount
						1	2	12	19.35
Address			Purpose EVENT SUPPLIES						
City COLUMBUS			State OH		Zip Code		Check Number DEBIT		
To Whom Paid ROOSTER'S						M	D	Y	Amount
						1	2	14	27.33
Address			Purpose MEETINGS / MEALS						
City COLUMBUS			State OH		Zip Code		Check Number DEBIT		
To Whom Paid DST CAC CRIM (DELTA SORORITY)						M	D	Y	Amount
						1	2	19	65.28
Address			Purpose SCHOLARSHIP EVENT						
City COLUMBUS			State OH		Zip Code		Check Number DEBIT		
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									