

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full <u>Zollars 4 Council</u>										
To Whom Paid <u>Associated Premium</u>							M	D	Y	Amount <u>795.28</u>
Address <u>1870 Summit Rd</u>				Purpose <u>signs/shirts</u>						
City <u>Cincinnati</u>				State <u>OH</u>	Zip Code <u>45237</u>		Check Number <u>102</u>			
To Whom Paid <u>Pat Zollars</u>							M	D	Y	Amount <u>466.59</u>
Address <u>6928 Pettin Rd</u>				Purpose <u>loan repayment</u>						
City <u>Reynoldsburg</u>				State <u>OH</u>	Zip Code <u>43068</u>		Check Number <u>104</u>			
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 Number			
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 Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			