Statement of Expenditures

Page.____

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Green Party			
To Whom Paid			M D Y Amount 1 1 2 3 1 3 \$90.00
Connie Hammond			111 2 3 1 13 000.00
Address 166 Acton Rd.	Reimbursement for meeting space payments		
City Columbus	State	Zip Code 43214	Check Number 1165
To Whom Paid Robert Hart			M 1 1 2 3 1 3 Amount \$28.50
Address 6686 Thorne Street	Purpose Reimbursement for purchase of educational video		
City Worthington	State OH	Zip Code 43085	Check Number 1166
To Whom Paid	<u> </u>		M D Y Amount
Address	Purpose	<u> </u>	
City	State OH	Zip Code	Check Number
To Whom Paid	<u> </u>		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
To Whom Paid	<u> </u>		M D Y Amount
Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid	<u> </u>		M D Y Amount
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid	<u>. </u>		M D Y Amount
Address	Purpose		
City	State OH	Zip Code	Check Number