

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full <b>RAIDER STRONG</b>									
To Whom Paid <b>REYNOLDSBURG FESTIVALS, INC.</b>						M	D	Y	Amount <b>\$150.00</b>
Address <b>1831 CROSSWICK COURT</b>						Purpose <b>BOOTH DEPOSIT TOMATO FESTIVAL</b>			
City <b>REYNOLDSBURG</b>						State <b>OH</b>	Zip Code <b>43068</b>	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	

Page Total **\$150.00**