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## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

| Name of Committee in Full CITIZENS FOR MARILEE |  | -              |  | :             |
|--|--|----------------|--|---------------|
| To Whom Paid  DUBLIN FOOD PANTRY               |  |                | M D Y 0 1 2 7 1 2                                      | Amount 500.00 |
| Address  | Purpose<br>DONA'   | TION           | 10111517115  |               |
| City   | State  | Zip Code       | Check Number 1022                                      |               |
| To Whom Paid MIRACLE LEAGUE OF CENTRAL C       | HIO  |                | м D Y<br>0 1 2 7 1 2                                   | Amount 320.00 |
| Address  | Purpose<br>DONA  |                |  |               |
| City   | State<br>  | Zip Code       | Check Number 1023                                      |               |
| To Whom Paid<br>HANDS ON CENTRAL OHIO          |  |                | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Amount 500.00 |
| Address  | Purpose<br>DONA  |                |  |               |
| City   | State  | Zip Code       | Check Number 1021                                      |               |
| To Whom Paid COMMERCE NATIONAL BANK            | To the state of th |                | M D Y  | Amount 22.35  |
| Address 3650 OLENTANGY RIVER RD                |  | CHARGES        | Check Number   | •             |
| City<br>COLUMBUS                               | State<br>O H   | Zip Code 43214 | N/A  M D Y   | Amount        |
| To Whom Paid                                   | Durness  |                | IVI D 1  | 2 Infount     |
| Address  | Purpose<br>State   | Zip Code       | Check Number   |               |
| City To When Paid                              | State  | pap Code       | M D Y  | Amount        |
| To Whom Paid Address                           | Purpose  |                |  |               |
|  | State  | Zip Code       | Check Number   |               |
| City To Whom Paid                              | State  | Zip Code       | M D Y  | Amount        |
| Address  | Purpose  |                |  |               |
| City   | State  | Zip Code       | Check Number   |               |
| To Whom Paid                                   | Sinc   |                | M D Y  | Amount        |
| Address  | Purpose  | <u></u>        |  |               |
| City   | State  | Zip Code       | Check Number   | ·             |
|  |  |                |  |               |

| Page Total \$ | 1.342.35 |
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