

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS FOR MARILEE</b>										
To Whom Paid <b>DUBLIN FOOD PANTRY</b>							M 0	D 1	Y 2	Amount 500.00
Address				Purpose <b>DONATION</b>						
City				State 	Zip Code		Check Number 1022			
To Whom Paid <b>MIRACLE LEAGUE OF CENTRAL OHIO</b>							M 0	D 1	Y 2	Amount 320.00
Address				Purpose <b>DONATION</b>						
City				State 	Zip Code		Check Number 1023			
To Whom Paid <b>HANDS ON CENTRAL OHIO</b>							M 0	D 1	Y 2	Amount 500.00
Address				Purpose <b>DONATION</b>						
City				State 	Zip Code		Check Number 1021			
To Whom Paid <b>COMMERCE NATIONAL BANK</b>							M 	D 	Y 	Amount 22.35
Address 3650 OLENTANGY RIVER RD				Purpose <b>BANK CHARGES</b>						
City COLUMBUS				State O   H	Zip Code 43214		Check Number N/A			
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			