

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Ginther													
To Whom Paid Expenditures from form 31-F							M	D	Y	Amount			
							0	6	2	7	0	7	652.00
Address				Purpose									
City				State		Zip Code		Check Number					
To Whom Paid Northland Community 4th of July							M	D	Y	Amount			
							0	6	0	4	0	7	100.00
Address P.O. Box 297836				Purpose Parade Fee									
City Columbus				State O H		Zip Code 43229		Check Number 1458					
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					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State		Zip Code		Check Number					