Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Friends for Ginther To Whom Paid				М	D	Y	Amount	
Expenditures from form 31-F					$\begin{bmatrix} 2 \\ 7 \end{bmatrix}$			652.00
Address	Purpose 032.00							
City	State	Zip Code		Check	Number			
				<u> </u>	- -	1		
To Whom Paid				M	D	Y	Amount	100.00
Northland Community 4th of July	In			$0 \mid \epsilon$	0 4	0 7	<u> </u>	100.00
Address D.O. Poy 207926	Purpose Parade Fee							
P.O. Box 297836 City	State Zip Code			Check Number				
Columbus			43229		1458	}		
To Whom Paid				M	D	Y	Amount	
Address	Purpose							
City	State	State Zip Code		Check Number				
T. W. D.				M	I D	Ιv	Amount	
To Whom Paid				M	D	Y	Amount	
Address	Purpose							
, Address								
City	State Zip Code			Check	Number			
To Whom Paid				M	D	Y	Amount	
Address	Purpose							
Ct.	0 77. 6.4			Check Number				
City	State	Zip Code		Check Number				
To Whom Paid				M	D	Y	Amount	
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Address Purpose								
City	State	Zip Code		Check	Number			
To Whom Paid				M	D	Y	Amount	
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Address	Purpose							
City	State	Zip Code		Check	Number			
- City		Enp Code						
To Whom Paid				M	D	Y	Amount	
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Address Purpose								
							<u> </u>	
City	State	Zip Code		Check	Number			
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Page Total \$	752.00