

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|--|--|--|--|--|--|-------------|---|----------|--------------------|
| Name of Committee in Full Re-Elect King Trustee | | | | | | | | | |
| To Whom Paid Sign Depot Yard Signs | | | | | | M | D | Y | Amount \$400.00 |
| Address | | | | | | 0 | 9 | 1 | 6 |
| Purpose Sign Depot Yard Signs | | | | | | 1 | 3 | | |
| City online | | | | | | State OH | | Zip Code | |
| Check Number | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | | | | | State OH | | Zip Code | |
| Check Number | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | | | | | State OH | | Zip Code | |
| Check Number | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | | | | | State OH | | Zip Code | |
| Check Number | | | | | | | | | |
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| Purpose | | | | | | | | | |
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