

FOR PAPER FILING ONLY

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Friends of Amy Harkins										
To Whom Paid						M	D	Y	Amount	
Will Petrik for Columbus						1	0	1	7	2,625.00
Address				Purpose						
2221 Myrtle Ave				printing/mailers share						
City		State		Zip Code		Check Number				
Columbus		O H		43211		102				
To Whom Paid						M	D	Y	Amount	
Merisa K. Bowers						0	9	2	105.00	
Address				Purpose						
400 S Fifth Street, Suite 101				loan reimbursement						
City		State		Zip Code		Check Number				
Columbus		O H		43215		101				
To Whom Paid						M	D	Y	Amount	
Merisa K. Bowers						0	9	2	300.00	
Address				Purpose						
400 S. Fifth Street, Suite 101				treasurer services						
City		State		Zip Code		Check Number				
Columbus		O H		43215		101				
To Whom Paid						M	D	Y	Amount	
Kemba Financial Credit Union						0	7	3	10.00	
Address				Purpose						
555 Officenter Place/PO Box 307370				bank fee						
City		State		Zip Code		Check Number				
Gahanna		O H		43230		ACH				
To Whom Paid						M	D	Y	Amount	
Kemba Financial Credit Union						0	8	3	10.00	
Address				Purpose						
555 Officenter Place/PO Box 307370				bank fee						
City		State		Zip Code		Check Number				
Gahanna		O H		43230		ACH				
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				

Page Total \$ 3,050.00