31-B R.C. 3517.10

Statement of Expenditures

2 Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Fellows				
To Whom Paid			M _. D _. Y	Amount
Pro Sign			1 0 0 2 0 9	\$397.11
	Purpose Car Magnets, 3 sets and 3 banners			
City New Albany	State OH	Zip Code 43054	Check Number 105	
To Whom Paid Delux Billing Checks			M D Y O 8 2 6 0 9	Amount \$20.99
	Purpose Checks for I	Friends of Fellows Bank	Checking Acco	ount
City Cincinnati	State OH	Zip Code 43054	Check Number Account Debit	
To Whom Paid New Albany Women's Network			M D Y O S	Amount 3 \$100.00
	Purpose Friends of F	ellows event contribution		-
City New Albany	State	Zip Code 43054	Check Number 102i	
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	
To Whom Paid			M D Y	Amount
Address	Purpose		8	2
City	State OH	Zip Code	Check Number	Section of the sectio
To Whom Paid			M D Y	Amount
Address	Purpose		R	
City	State OH	Zip Code	Check Number	