

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

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|--|--|--|--|---------------------------------|--------------------------|---------------|-----------------------------|---------------|---------------------------|
| Name of Committee in Full ELIZABETH GILL | | | | | | | | | |
| To Whom Paid OUTLOOK MEDIA | | | | | | M 0 | D 7 | Y 0 | Amount \$250.00 |
| Address 815 N HIGH STREET STE II | | | | Purpose ADVERTISEMENT | | | | | |
| City COLUMBUS | | | | State OH | Zip Code 43215 | | Check Number 1074 | | |
| 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 | | | | | |
| City | | | | State OH | Zip Code | | Check Number | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
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| 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 | | |

Page Total \$ **\$250.00**