

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR HAUGHN									
To Whom Paid KEMBA CREDIT UNION						M	D	Y	Amount \$5.00
Address 4141 HOOVER RD						Purpose MEMBERSHIP SAVINGS REQUIREMENT FEE			
City GROVE CITY						State OH		Zip Code 43123	Check Number <small>CASH WITHDRAWN BY KEMBA</small>
To Whom Paid GARY L. HAUGHN						M	D	Y	Amount \$654.03
Address 3887 ORCHARD LN						Purpose <i>(Check outstanding)</i> FROM PAGE 31-N - PAYMENT OF OUTSTANDING DEBT OWED TO CANDIDATE			
City GROVE CITY						State OH		Zip Code 43123	Check Number 522
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
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 **\$659.03**