31-B R.C. 3517.10

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## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

						<u> </u>
Name of Committee in Full Pfeiffer for Judge						
To Whom Paid		<u> </u>	M	D	Y	Amount
Pets Without Parents	r		1 2	2 9	$1 \mid 4$	344.50
Address 629 Oakland Park Avenue	Purpose Charital	ble Donation				
City Columbus	State H	Zip Code 43214	Check N	lumber 1012		
To Whom Paid House of Hope for Alcoholics, Inc.	1		м 1   2	D	Y 1   4	Amount 500.00
Address 825 Dennison Avenue	Purpose					
City	Charitable Donation State Zip Code Check Number					
Columbus	OH	43215	C.IOC.II Y	1011		
To Whom Paid			М	D	Y	Amount
Address	Purpose		!	1	<u>!</u>	
City	State	Zip Code	Check N	lumber		200 Est 200
To Whom Paid	. !	<del></del>	М	D	Y	Amount
Address	Purpose			<u> </u>	1	
City	State	Zip Code	Check N	lumber		
To Whom Paid	.1!		М	D	Y	Amount
Address	Purpose		r	<u> </u>	<u> </u>	
City	State	Zip Code	Check Number			
To Whom Paid	<u>1 1</u>	<u> </u>	М	D	Y	Amount
Address	Purpose				L!	<u> </u>
City	State	Zip Code	Check N	Number	<u> </u>	(A)
To Whom Paid		1	М	D	Y	Amount
Address	Рштроѕе		I			<u>.                                    </u>
City	State	Zip Code	Check Number			
To Whom Paid	1.		М	D	Y	Amount
Address	Purpose		<u> </u>	<u></u>	<u> </u>	
City	State	Zip Code	Check N	Number		

Page Total \$	844.50
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