

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Pfeiffer for Judge									
To Whom Paid Pets Without Parents						M	D	Y	Amount
						1	2	2	344.50
Address 629 Oakland Park Avenue				Purpose Charitable Donation					
City Columbus		State O H		Zip Code 43214		Check Number 1012			
To Whom Paid House of Hope for Alcoholics, Inc.						M	D	Y	Amount
						1	2	2	500.00
Address 825 Dennison Avenue				Purpose Charitable Donation					
City Columbus		State O H		Zip Code 43215		Check Number 1011			
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			
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			