

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Ramona Reyes									
To Whom Paid Ohio Ethics Commission					M	D	Y	Amount \$30.00	
Address 30 W. Spring St.					Purpose Filing fee				
City Columbus					State OH		Zip Code 43215		Check Number 1055
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
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