## Statement of Expenditures

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Page		

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 1 2	Amount \$30.00
Address 30 W. Spring St.	Purpose Filing fee				
City Columbus	State OH	Zip Code 4321		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	t .
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	OH State	Zip Code	;	Check Number	
To Whom Paid	L 5.			M D Y	Amount
Address	Purpose				
City	OH.	Zip Code	,	Check Number	
To Whom Paid	[0			M D Y	Amount
Address	Purpose				
City	State OH	Zip Code		Check Number	
To Whom Paid	In			M D Y	Amount
Address	Purpose				
City	State OH	Zip Code	•	Check Number	