Statement of Expenditures

Page ___

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Lori Gerald				_
To Whom Paid Fifth Third Bank			M D Y 1 1 1 1	Amount \$3.00
Address P.O. Box 630900	Purpose Bank charge			
City Cincinnati	State OH	Zip Code 43214	Check Number	
To Whom Paid The UPS Store			$\begin{bmatrix} M & D & Y \\ 0 & 8 & 2 & 2 & 1 & 1 \end{bmatrix}$	\$48.00
Address 5837 Karric Square Drive	Purpose PO BOX			
City Dublin	State OH	Zip Code 43016	Check Number 1	
To Whom Paid Proforma Graphic Services			1 0 0 3 1 1	\$367.48
Address P.O. Box 640814	Purpose Emery Boar			i se se la comita de la comita d
City Cincinnati	State OH	Zip Code 45264	Check Number 2	
To Whom Paid Town Money Saver			1 0 1 7 1 1	\$260.00
Address P.O. Box 528	Purpose Political ad			
City Lucas	State OH	Zip Code 44843	Check Number 3	
To Whom Paid	•		M D Y	Amount
Address	Purpose	<u>.</u>	<u> </u>	
City	OH State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose	·	l .	
City	State OH	Zip Code	Check Number	
To Whorn 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	