31-B R.C. 3517.10

Page _	1

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full		<u> </u>					
FAMILIES FOR CAMPBELL To Whom Paid		·	М	D	Y	Amount	
INTERNAL REVENUE SERVICE				2 0, 9			15.00
Address	Purpose		•				<u>-</u>
		RNMENT FILING	la:			_	
City	State	Zip Code	Check	Number 1005	;		
To Whom Paid			М	D	Y	Amount	
GODADDY.COM			0:6	<u> </u>	1   4		58.68
Address	Purpose INTERI	NET .			-		
City	State	Zip Code	Check	Number			
City	AIZ	Zip code	Cilcon	ramoer			
To Whom Paid	1 73	<u> </u>	М	Ð	Y	Amount	
US BANK			110	1   5	1 4		4.00
Address PO POV 1900	Purpose DANIIZ	CEDVICE CLIADCE					
PO BOX 1800	State	SERVICE CHARGE Zip Code	Check	Number			
SAINT PAUL	M N		Cilcun	rumoci			
To Whom Paid	1 181		М	D	Y	Amount	
						<u> </u>	
Address	Purpose						
City	State	Zip Code	Check	Check Number			
To Whom Paid			M	D	Y	Amount	
Address	Purpose					<u> </u>	,
City	State	Zip Code	Check	Number		_	
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To Whom Paid			М	D	Y	Amount	
					<u> </u>	L	
Address	Purpose						
City	State	Zip Code	Check	Number			
			+	T 5	1 17		
To Whom Paid			М	D	Y	Amount	
Address	Purpose				<u> </u>	· ·	
City	State	Zip Code	Check	Number			
To Whom Paid			М	D	Y	Amount	
		<del></del>					
Address	Purpose						
City	State	Zip Code	Check	Number			

Page Total \$	77.68