

Statement of Expenditures

Prescribed by Secretary of State 2/01

1063
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Name of Committee in Full KENT 4 KIDS									
To Whom Paid Desmond Storm						M	D	Y	Amount
Address 614-937-9764						02	11	15	200. ⁰⁰
City MRSTORME@GMAIL.COM						State OH		Zip Code	Check Number
									531
To Whom Paid Alpha Graphics						M	D	Y	Amount
Address 9015 ANTARES AVE						02	13	15	64. ⁵⁰
City Gls.						State OH		Zip Code	Check Number
									504
To Whom Paid IMANUEL LARCHER						M	D	Y	Amount
Address 1909 CASE RD						02	17	15	500. ⁰⁰
City GL						State OH		Zip Code	Check Number
									503
To Whom Paid Alpha Graphics						M	D	Y	Amount
Address 9015 ANTARES AVE						02	17	15	76. ⁹⁶
City GL						State OH		Zip Code	Check Number
									505
To Whom Paid Alpha Graphics						M	D	Y	Amount
Address 9015 ANTARES AVE						02	20	15	262. ³⁹
City Gls						State OH		Zip Code	Check Number
									506
To Whom Paid Alpha Graphics						M	D	Y	Amount
Address 9015 ANTARES AVE						02	27	15	141. ¹⁵
City Gls						State OH		Zip Code	Check Number
									508
To Whom Paid MOHAMMAD MASQUE						M	D	Y	Amount
Address P.O. Box 82524						03	05	15	90. ⁰⁰
City Gls.						State OH		Zip Code	Check Number
									502
To Whom Paid FREE PRESS						M	D	Y	Amount
Address 1021 E. BROAD ST						03	02	15	500. ⁰⁰
City Gls.						State OH		Zip Code	Check Number
									509

1835.⁰⁰
Page Total \$