

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full											
Bridges for Ohio											
To Whom Paid							M	D	Y	Amount	
PAY PAI							0	1	27	11	1.75
Address				Purpose							
2211 N. 1ST ST				Processing Fee							
City				State		Zip Code		Check Number			
SAN JOSE				CA		95131		Deduction			
To Whom Paid							M	D	Y	Amount	
PAY PAI							0	1	28	11	1.03
Address				Purpose							
2211 N 1ST ST				Processing Fee							
City				State		Zip Code		Check Number			
SAN JOSE				CA		95131		Deduction			
To Whom Paid							M	D	Y	Amount	
Fed EX office							0	1	28	11	.09
Address				Purpose							
604 W. SCHROCK				COPIES							
City				State		Zip Code		Check Number			
Westerville				OH		43081		DC			
To Whom Paid							M	D	Y	Amount	
MARK NOBLE							0	2	02	11	45.00
Address				Purpose							
723 SPRING DR				Filing Fee Re-payment							
City				State		Zip Code		Check Number			
COLUMBUS				OH		43214		CASH			
To Whom Paid							M	D	Y	Amount	
PAY PAI							0	2	14	11	1.03
Address				Purpose							
2211 N 1ST ST				Processing Fee							
City				State		Zip Code		Check Number			
SAN JOSE				CA		95131		Deduction			
To Whom Paid							M	D	Y	Amount	
PAY PAI							0	2	18	11	.45
Address				Purpose							
2211 N 1ST ST				Processing Fee							
City				State		Zip Code		Check Number			
SAN JOSE				CA		95131		Deduction			
To Whom Paid							M	D	Y	Amount	
PAY PAI							0	2	19	11	1.75
Address				Purpose							
2211 N 1ST ST				Processing Fee							
City				State		Zip Code		Check Number			
SAN JOSE				CA		95131		Deduction			
To Whom Paid							M	D	Y	Amount	
PAY PAI							0	2	21	11	2.77
Address				Purpose							
2211 N 1ST ST				Processing Fee							
City				State		Zip Code		Check Number			
SAN JOSE				CA		95131		Deduction			

Page Total \$ 53.87