

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Weiss									
To Whom Paid I Know I Can						M 1	D 0	Y 2	Amount 500.00
Address 603 East Town Street				Purpose Charitable Donation					
City Columbus		State O H		Zip Code 43215		Check Number 508			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			