Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				022500000000000000000000000000000000000		
PALEY FOR COLUMBUS						
To Whom Paid CVS Pharmacy			м 1 0	D 2 6	ў 0 9	Amount \$26.55
Address 759 Neil Avenue	Purpose Jet Ink					
City Columbus	State OH	Zip Code	Check Number Debit			
To Whom Paid			M	D.	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid	id '			D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid	oolista kasa kasa kasa karaya makka salaa kasa maraka saasa kasa kasa kasa kasa kasa kas		M	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid			М	D	Y	Amount
Address	Purpose					·
City	OH State	Zip Code	Check Number			
To Whom Paid	arkalandanan masa atsi atsis ats		M	D.	Y	Amount
Address	Purpose				<u>u</u>	
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose			.1		
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose					B
City	State OH	Zip Code	Check Number			