

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Schottke for GC						
To Whom Paid Ohio Ethics Commission			M 02	D 10	Y 18	Amount 35.00
Address 30 N. Springs St.		Purpose Required Filings				
City Columbus	State OH	Zip Code 43215	Check Number Electronic			
To Whom Paid U.S. Post Office Retail Shop			M 05	D 15	Y 18	Amount 50.00
Address 2082 Strainstown Rd		Purpose Stamps				
City Grove City	State OH	Zip Code 43123	Check Number 127			
To Whom Paid Staples			M 02	D 06	Y 18	Amount 13.97
Address 1739 Strainstown Rd.		Purpose Address Labels				
City Grove City	State OH	Zip Code 43123	Check Number Debit			
To Whom Paid Expenditures from form 31-F			M 06	D 30	Y 18	Amount 232.86
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid Huntington Bank			M 08	D 15	Y 18	Amount 3.00
Address		Purpose Statement charge				
City Columbus	State OH	Zip Code	Check Number Electronic			
To Whom Paid			M 08	D 15	Y 18	Amount 3.00
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			

Page Total \$ **334.83**