Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Families for Campbell				
To Whom Paid Kroger			M D Y 1 3	Amount \$138.00
Address 300 South Hamilton Road	Purpose Stamps			
City Gahanna	State OH	Zip Code 43230	Check Number Debit Card	
To Whom Paid Rocky Fork Printing	_		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Amount \$107.82
Address 165 Granville Street	Ритроse Campaign (
City Gahanna	State OH	Zip Code 43230	Check Number Debit Card	121111
To Whom Paid Rocky Fork Printing		:	1 0 2 8 1 3	Amount \$207.10
Address 165 Granville Street	Ригроse Campaign C	Cards		
City Gahanna	State OH _.	Zip Code 43230	Check Number Debit Card	17.47
To Whom Paid Rocky Fork Printing			M D Y 3	Amount \$373.63
Address 165 Granville Street	Purpose Campaign C	Cards		
City Gahanna	State OH	Zip Code 43230	Check Number Debit Card	
To Whom Paid			M D Y	Amount
Address	Ршроѕе			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
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To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	Adding to