## **Statement of Expenditures**

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Prescribed by Secretary of State 2/01

| Name of Committee in Full NEW FIRE STATION FUND |   |                   |                               |
|---|---|-------------------|-------------------------------|
| To Whom Paid<br>A.G.E. GRAPHICS                 |   |                   | 0 9 1 2 1 6 Amount \$347.75   |
| Address<br>52231 ST. RT. 248                    | Purpose<br>YARD SIG                               | BNS               |                               |
| City<br>LONG BOTTOM                             | State<br>OH                                       | Zip Code<br>45743 | Check Number<br>E-DEBIT       |
| TO Whom Paid TARGET BUSINESS SERVICES           |   |                   | 0 9 2 6 1 6 ** \$792.47       |
| Address<br>12920 B STONECREEK DR                |   | O POSTCARDS AND   | BAGS                          |
| City<br>PICKERINGTON                            | OH State  | Zip Code<br>43147 | Check Number 92               |
| TO Whom Paid TARGET BUSINESS SERVICES           |   |                   | 1 0 1 7 1 6 Amount \$4,274.96 |
| Address<br>12920 B STONECREEK DR                | PRINTING/MAILING SERVICES AND DIRECT MAIL POSTAGE |                   |                               |
| City<br>PICKERINGTON                            | State<br>OH                                       | Zip Code<br>43147 | Check Number<br>93            |
| To Whom Paid                                    |   |                   | M D Y Amount                  |
| Address   | Purpose   |                   |                               |
| City  | State<br>OH                                       | Zip Code          | Check Number                  |
| To Whom Paid                                    |   |                   | M D Y Amount                  |
| Address Purpose                                 |   |                   |                               |
| City  | OH State  | Zip Code          | Check Number                  |
| To Whom Paid                                    |   |                   | M D Y Amount                  |
| Address   | Purpose   |                   |                               |
| City  | State<br>OH                                       | Zip Code          | Check Number                  |
| To Whom Paid                                    | ·   |                   | M D Y Amount                  |
| Address   | Purpose   |                   |                               |
| City  | State<br>OH,                                      | Zip Code          | Check Number                  |
| To Whom Paid                                    |   |                   | M D Y Amount                  |
| Address   | Purpose   |                   |                               |
| City  | State<br>OH                                       | Zip Code          | Check Number                  |