## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

| Name of Committee in Full  |                                       |                       |
|----------------------------|---------------------------------------|-----------------------|
| Groveport Madison Committe | e For Better Schools                  |                       |
| To Whom Paid               |                                       | M D Y Amount          |
| Postmaster                 |                                       | M D Y Amount 1,760.00 |
| Address                    | Purpose                               | •                     |
| Main Street                | Campaign Postage                      |                       |
| Cîty                       | State Zip Code                        | Check Number          |
| Groveport                  | O H 43125                             | 1089                  |
| To Whom Paid               | 1                                     | M D Y Amount          |
| Postmaster                 | <u> </u>                              | 1 0 2 6 1 1 1,760.00  |
| Address                    | Purpose                               | •                     |
| Main Street                | Campaign Postage                      |                       |
| City                       | State Zip Code                        | Check Number          |
| Groveport                  | O H 43125                             | 1090                  |
| To Whom Paid               | :                                     | M D Y Amount          |
| Scott McKenzie             |                                       | 1 0 2 6 1 1 655.45    |
| Address                    | Purpose                               | 11 0 2 0 1 1          |
| 1814 Millwood Drive        | Campaign Postcards                    |                       |
| City                       | State Zip Code                        | Check Number          |
| Upper Arlington            | O H 43221                             |                       |
| To Whom Paid               |                                       | M D Y Amount          |
| Scott McKenzie             |                                       | 1 1 0 4 1 1 288.00    |
| Address                    | Purpose                               |                       |
| 1814 Millwood Drive        | Campaign Postage                      |                       |
| City                       | State Zip Code                        | Check Number          |
| Upper Arlington            | O H 43221                             | 2 P                   |
| To Whom Paid               | () 11 10221                           | M D Y Amount          |
|                            |                                       |                       |
| Address                    | Purpose                               | <b>'</b>              |
|                            | <b>,</b>                              | •                     |
| City                       | State Zip Code                        | Check Number          |
| ,                          | 24 5525                               |                       |
| To Whom Paid               |                                       | M D Y Amount          |
| To Wholin and              |                                       |                       |
| Address                    | Purpose                               | 1 1                   |
| / Address                  | 1 mpose                               |                       |
| City                       | State Zip Code 1                      | Check Number          |
| City                       | Suite Especial                        | Check Humber          |
| To Whom Paid               | , , , , , , , , , , , , , , , , , , , | M D Y Amount          |
| 10 Wholitt aid             |                                       | IVI D 1 Allount       |
| Address                    | Purpose !                             | ı                     |
| Address                    | i in pose                             |                       |
| City                       | State Zip Code                        | Check Number          |
| City                       | State Zip Code                        | Check Number          |
| To Whom Paid               |                                       | M D Y Amount          |
| 10 maouri aiu              |                                       | IVI D 1 MIDUIN        |
| Address                    | Purpose                               | 1 1                   |
| Address                    | i wpose                               |                       |
| City                       | State 7in Code                        | Check Number          |
| City                       | State Zip Code                        | Check Number          |
|                            |                                       | , A. C.               |