

FOR PAPER FILING ONLY

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Keck for School Board							
To Whom Paid Cuzzin'S Yogurt		M	D	Y	Amount \$12.78		
Address Main Street		Purpose Yogurt for Volunteers going door to door					
City Hilliard	State OH <input checked="" type="checkbox"/>	Zip Code 43026		Check Number			
To Whom Paid Key Bank		M	D	Y	Amount \$2.00		
Address Cemetery Road		Purpose Bank Fee					
City Hilliard	State OH <input checked="" type="checkbox"/>	Zip Code 43026		Check Number			
To Whom Paid Vistaprint.com		M	D	Y	Amount \$123.27		
Address ONLINE		Purpose Print Pieces					
City	State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid Key Bank		M	D	Y	Amount \$2.00		
Address Cemetery Road		Purpose Bank Fee					
City Hilliard	State OH <input checked="" type="checkbox"/>	Zip Code 43026		Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City	State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City	State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City	State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City	State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			