.

Statement of Expenditures

Page 17

Prescribed by Secretary of State 2/01

Name of Committee in Full McClellan For UA Schools				
To Whom Paid		<u> </u>	M D Y	Amount \$497.40
Herb Gillen Agency			1 0 1 6 1 3	J497.40
Address 1953 Mallway Dr.		or Absentee Rea	ctive Campaign	
City Columbus	State OH	Zip Code 43221	Check Number 1015	
To Whom Paid US Postmaster	,		M D Y 1 0 2 4 1 3	Amount \$2,707.02
Address 3700 Riverside Drive	Purpose Postage f	for Mailers		L
City Columbus	State	Zip Code 43221	Check Number 1016 [Copy Unavailable]	
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y	Amount
Address	Purpose			L
City	State	Zip Code	Check Number	
To Whom Paid			M D Y _i	Amount
Address	Purpose			I
City	State 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 OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			•
City	State	Zip Code	Check Number	
To Whom Paid		<u> </u>	M D Y	Amount
Address	Purpose		* · · · · · · · · · · · · · · · · · · ·	_
City	State OH	Zip Code	Check Number	