

# Statement of Expenditures

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Prescribed by Secretary of State 2/01

|                                                       |  |                      |                               |                |                              |                         |
|-------------------------------------------------------|--|----------------------|-------------------------------|----------------|------------------------------|-------------------------|
| Name of Committee in Full<br><b>Schattke for G.C.</b> |  |                      |                               |                |                              |                         |
| To Whom Paid<br><b>Staples</b>                        |  |                      | M<br><b>09</b>                | D<br><b>06</b> | Y<br><b>19</b>               | Amount<br><b>16.10</b>  |
| Address<br><b>1739 Stringtown Rd.</b>                 |  |                      | Purpose<br><b>Printer Ink</b> |                |                              |                         |
| City<br><b>Grove City</b>                             |  | State<br><b>Ohio</b> | Zip Code<br><b>43123</b>      |                | Check Number<br><b>Debit</b> |                         |
| To Whom Paid<br><b>Expenditures from Form 31-F</b>    |  |                      | M<br><b>06</b>                | D<br><b>27</b> | Y<br><b>19</b>               | Amount<br><b>139.15</b> |
| Address                                               |  |                      | Purpose                       |                |                              |                         |
| City                                                  |  | State                | Zip Code                      |                | Check Number                 |                         |
| To Whom Paid                                          |  |                      | M                             | D              | Y                            | Amount                  |
| Address                                               |  |                      | Purpose                       |                |                              |                         |
| City                                                  |  | State                | Zip Code                      |                | Check Number                 |                         |
| To Whom Paid                                          |  |                      | M                             | D              | Y                            | Amount                  |
| Address                                               |  |                      | Purpose                       |                |                              |                         |
| City                                                  |  | State                | Zip Code                      |                | Check Number                 |                         |
| To Whom Paid                                          |  |                      | M                             | D              | Y                            | Amount                  |
| Address                                               |  |                      | Purpose                       |                |                              |                         |
| City                                                  |  | State                | Zip Code                      |                | Check Number                 |                         |
| To Whom Paid                                          |  |                      | M                             | D              | Y                            | Amount                  |
| Address                                               |  |                      | Purpose                       |                |                              |                         |
| City                                                  |  | State                | Zip Code                      |                | Check Number                 |                         |
| To Whom Paid                                          |  |                      | M                             | D              | Y                            | Amount                  |
| Address                                               |  |                      | Purpose                       |                |                              |                         |
| City                                                  |  | State                | Zip Code                      |                | Check Number                 |                         |
| To Whom Paid                                          |  |                      | M                             | D              | Y                            | Amount                  |
| Address                                               |  |                      | Purpose                       |                |                              |                         |
| City                                                  |  | State                | Zip Code                      |                | Check Number                 |                         |
| To Whom Paid                                          |  |                      | M                             | D              | Y                            | Amount                  |
| Address                                               |  |                      | Purpose                       |                |                              |                         |
| City                                                  |  | State                | Zip Code                      |                | Check Number                 |                         |

Page Total \$ **155.25**