

Statement of Expenditures

Prescribed by Secretary of State 2/01

FRANKLIN COUNTY
BOARD OF ELECTIONS

Name of Committee in Full Committee for Wade Steen										
To Whom Paid VOIDED CHECK							M	D	Y	Amount 0.00
Address				Purpose						
City				State	Zip Code		Check Number			
							1089			
To Whom Paid Ohio Ethics Commission							M	D	Y	Amount 35.00
Address 30 W. Spring St., L-3							Purpose Annual Filing Fee			
City Columbus				State OH	Zip Code 43215		Check Number 1090			
To Whom Paid U.A. Girls Lacrosse C/O Cathy Drake							M	D	Y	Amount 115.00
Address 4700 Old Ravine Ct.							Purpose Contribution - Lacrosse Team			
City Columbus				State OH	Zip Code 43220		Check Number 1091			
To Whom Paid Pelotonia							M	D	Y	Amount 250.00
Address 351 W. Nationwide Blvd.							Purpose Contribution - Cancer Research			
City Columbus				State OH	Zip Code 43215		Check Number 1092			
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			