

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full									
To Whom Paid Huntington Bank						M	D	Y	Amount
						0	1		0 9 \$5.00
Address p o box 1558 ea1w37			Purpose						
City Columbus			State OH	Zip Code 43216		Check Number			
To Whom Paid Huntington Bank						M	D	Y	Amount
						0	2		0 9 \$5.00
Address p o box 1558 ea1w37			Purpose						
City Columbus			State OH	Zip Code 43216		Check Number			
To Whom Paid Huntington Bank						M	D	Y	Amount
						0	3		0 9 \$5.00
Address p o box 1558 ea1w37			Purpose						
City Columbus			State OH	Zip Code 43216		Check Number			
To Whom Paid Cash/Steven Gladman						M	D	Y	Amount
									\$74.78
Address 961 Grandview Ave			Purpose partial reimbursement of contribution						
City Columbus			State OH	Zip Code 43212		Check Number 8778465			
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 OH	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 OH	Zip Code		Check Number			

Page Total \$89.78