

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Lori Gerald							
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				1	2	1 3 1 1	\$3.00
Address P.O. Box 630900		Purpose Bank charge					
City Cincinnati		State OH	Zip Code 45263	Check Number			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	1	1 2 1 2	\$3.00
Address P.O. Box 630900		Purpose Bank charge					
City Cincinnati		State OH	Zip Code 45263	Check Number			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	2	1 0 1 2	\$3.00
Address P.O. Box 630900		Purpose Bank charge					
City Cincinnati		State OH	Zip Code 45263	Check Number			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	3	1 2 1 2	\$3.00
Address P.O. Box 630900		Purpose					
City Cincinnati		State OH	Zip Code 45263	Check Number			
To Whom Paid Clintonville Community Resource Center				M	D	Y	Amount
				0	3	1 2 1 2	\$27.13
Address 14 W. Lakeview Avenue		Purpose Charitable donation					
City Columbus		State OH	Zip Code 43202	Check Number Cashier Check			
To Whom Paid				M	D	Y	Amount
Address							
City				State OH	Zip Code	Check Number	
To Whom Paid				M	D	Y	Amount
Address							
City				State OH	Zip Code	Check Number	
To Whom Paid				M	D	Y	Amount
Address							
City				State OH	Zip Code	Check Number	