

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Vote Schadek													
To Whom Paid Vista Print							M	D	Y	Amount			
							0	9	2	8	1	1	90.52
Address 95 Hayden Avenue				Purpose Business Cards									
City Lexington				State M   A		Zip Code 02421		Check Number Electronic Transfer					
To Whom Paid Proforma							M	D	Y	Amount			
							1	0	1	4	1	1	1,866.40
Address P.O. Box 640814				Purpose Yard Signs									
City Cincinnati				State O   H		Zip Code 45263		Check Number 15141826					
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			