

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Carolvn Casper for UA Council							
To Whom Paid Ohio Ethics Commission				M	D	Y	Amount
				110	012	115	35.00
Address 30 W Spring Street		Purpose financial disclosure fee					
City Columbus	State O H	Zip Code 43215-2256	Check Number debit card				
To Whom Paid Fireball Press				M	D	Y	Amount
				110	015	115	227.85
Address 27 East 5th Avenue		Purpose printing					
City Columbus	State O H	Zip Code 43201	Check Number debit card				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
	O H						
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
	O H						
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				