

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full GONZALES FOR JUDGE										
To Whom Paid TRANSFIRST							M	D	Y	Amount
Address 12202 Airportway STE 100							11	10	14	29375
City Broomfield							State CO		Zip Code 80021	
Purpose ONLINE donation processing							Check Number ACH			
To Whom Paid TONY'S RESTAURANT							M	D	Y	Amount
Address 16 W BECK ST.							11	12	14	34 92
City COLUMBUS							State OH 10		Zip Code 43215	
Purpose CAMPAIGN WORKER LUNCH.							Check Number Debit Card			
To Whom Paid First Watch Restaurant							M	D	Y	Amount
Address 2103 Polaris Pkwy							11	24	14	31.04.
City Westerville							State OH		Zip Code 43081	
Purpose Campaign Business							Check Number Debit Card			
To Whom Paid							M	D	Y	Amount
Address										
City							State		Zip Code	
Purpose							Check Number			
To Whom Paid							M	D	Y	Amount
Address										
City							State		Zip Code	
Purpose							Check Number			
To Whom Paid							M	D	Y	Amount
Address										
City							State		Zip Code	
Purpose							Check Number			
To Whom Paid							M	D	Y	Amount
Address										
City							State		Zip Code	
Purpose							Check Number			
To Whom Paid							M	D	Y	Amount
Address										
City							State		Zip Code	
Purpose							Check Number			