

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Maria Klemack												
To Whom Paid Heartland Bank						M	D	Y	Amount			
						0	1	2	3	1	5	5.00
Address 850 N Hamilton Rd				Purpose Bank Charge for Dormancy								
City Gahana		State Oh		Zip Code 43230		Check Number						
To Whom Paid Heartland Bank						M	D	Y	Amount			
						0	2	2	5	1	5	5.00
Address 850 N Hamilton Rd				Purpose Bank Charge for Dormancy								
City Gahana		State Oh		Zip Code 43239		Check Number						
To Whom Paid Heartland Bank						M	D	Y	Amount			
						0	3	2	5	1	5	(25.00)
Address 850 N Hamilton Rd				Purpose Bank Reversed Erronious Dormancy Charges								
City Gahana		State Oh		Zip Code 43230		Check Number 1011						
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount			
						0	3	1	6	1	5	35.00
Address 30 W. Spring Street, L3				Purpose Filing Fee for Financial Disclosure								
City Columbus		State Oh		Zip Code 43215		Check Number 1012						
To Whom Paid Grove City Dream Field						M	D	Y	Amount			
						0	6	1	2	1	5	157.81
Address				Purpose Charitable Donation to a 501(c)(3)								
City Grove City		State Oh		Zip Code 43123		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						