R.C. 3517.10

## TUM FAIRM FILLING CIVLI Statement of Expenditures

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Prescribed by Secretary of State 2/01

| Name of Committee in Full<br>Committee to Elect Chris Wolfe |  |                                       | -  |                             |
|---|--|---------------------------------------|--|-----------------------------|
| To Whom Paid Capstone Legacy Foundation                     |  |                                       | 0 4 2 1 1 4                                      | <sup>Angrai</sup><br>750.00 |
| Address 900 West Valley Road Suite 203                      | Purpose<br>Donation to Non Profit Organization |                                       |  |                             |
| Wayne, Pennsylvania   | State<br>OH                                    | <sup>Zip Code</sup> 19087             | Check Number                                     |                             |
| To Whom Paid<br>Heartland Bank                              |  | :                                     | M D Y  | Amount 24.99                |
| 850 North Hamilton Road                                     | Dormant Fees - January through May 2014        |                                       |  |                             |
| Gahanna   | State<br>OH                                    | 43230                                 | Check Number                                     |                             |
| To Whom Paid<br>Sunrise Sanctuary                           | •  |                                       | 0 2 0 6 1 5                                      | <sup>^-</sup> 1208.09       |
| 16730 Martin Welch Road                                     | Purpose<br>Donation                            |                                       | <del>*                                    </del> |                             |
| <sup>Ci</sup> Marysville                                    | OH State                                       | 43040                                 | Check Number                                     |                             |
| To Whom Paid  |  | •                                     | M D Y  | Amount                      |
| Address   | Purpose  |                                       |  |                             |
| City  | OH State                                       | Zip Code                              | Check Number                                     |                             |
| To Whom Paid  |  |                                       | M D Y  | Amount                      |
| Address   | Ригроѕе  |                                       | <u> </u>   | · · · · ·                   |
| City  | OH State                                       | Zip Code                              | Check Number                                     |                             |
| To Whom Paid  |  |                                       | M D Y  | Amount                      |
| Address   | Purpose  |                                       |  | -                           |
| City  | οĥ   | Zip Code                              | Check Number                                     |                             |
| To Whom Paid  |  | J.,                                   | M D Y  | Amount                      |
| Address   | Purpose  |                                       | 1  |                             |
| City  | OH State                                       | Zip Code                              | Check Number                                     |                             |
| To Whom Paud  | · · · · · · · · · · · · · · · · · · ·          | · · · · · · · · · · · · · · · · · · · | M D Y  | Amount                      |
| Address   | Purpose  |                                       | <u> </u>   | ļ                           |
| City  | State<br>OH_                                   | Zip Code                              | Check Number                                     |                             |