R.C. 3517.10-

## FUR PAPER FILING UNLY Statement of Expenditures

Page \_\_\_\_\_\_

Prescribed by Secretary of State 2/01

Name of Committee in Full Hilliard Area Democratic Club		:		<del></del>	
To Whom Paid US Bank		;		0 1 3 1 1 1	Amount 5.00
Address 4656 Cemetery Road	Purpose Dormant Service Charge				
<sup>City</sup> Hilliard	OH •	Zip (	ode 3026	Check Number N/A	•
To Whom Paid US Bank		:		0 2 2 8 1 1	5.00
Address 4656 Cemetery Road	Dormant Service Charge				
City Hilliard	OH •	Zip ( 43(	Ode 026	Check Number N/A	
To Whom Paid US Bank				0 3 3 1 1 1	5.00
Address 4656 Cemetery Road	Purpose Dormant	t Serv	ice Charge		
City Hilliard	OH    State	430	)26	Check Number N/A	*
To Whom Paid US Bank				0 4 2 9 1 1	Amount 5.00
Address 4656 Cemetery Road	Purpose Dormant Service Charge				
<sub>City</sub> Hilliard	OH, C	43	Ode 026	Check Number N/A	
To Whom Paid US Bank				0 5 3 1 1 1	Amount 5.00
Address 4656 Cemetery Road	}		ice Charge		
Hilliard	OH O	43)	026	Check Number N/A	
US Bank 0 6 3 0 1 1 Amount 5.00					
Address 4656 Cemetery Road	Purpose Dorman	t Sen	rice Charge		
City Hilliard	OH C	43	026	Check Number	1 <u></u> 2 <u></u>
To Whom Paid		•		M D Y	Amount
Address	Purpose				
City	OH C	Zip	Code	Check Number	of E
To Whom Paid	<u> </u>	i i		M D Y	Amount
Address	Purpose				
City	OH C	Zip	Code	Check Number	