31-B R.C. 3517.10

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Citizens for Maria Klemack				
To Whom Paid			M D Y	Amount
Heartland Bank		 	0 1 2 3 1	5 5.00
Address	Purpose	, <u> </u>		
850 N Hamilton Rd		harge for Dormano		
City	State	Zip Code	Check Number	
Gahana	$0 \mid h$	43230		
To Whom Paid			M D Y	Amount
Heartland Bank			0 2 2 5 1	5.00
Address	Purpose			
850 N Hamilton Rd	Bank Charge for Dormancy			
City	State	Zip Code	Check Number	
Gahana	$O \mid h$	43239		
To Whom Paid			M D Y	Amount
Grove City Dream Field			0 6 1 2 1	5 157.81
Address	Purpose		<u> </u>	<u> </u>
P.O. Box 493		ble Donation to a F	501(c)(3)	
1 :O. BOX 493	State	Charitable Donation to a 501(c)(3) State Zip Code Check Number		
Grove City	O b	43123	1011	
To Whom Paid	1 1 1	10120	M D Y	Amount
			0 3 1 6 1	5 35.00
Ohio Ethics Commission	Purpose		1013[1:0]1	33.00
Address	· ·	ee for Financial Di	icolocuro	ļ
30 W. Spring Street, L3	Filing F State	Zip Code	Check Number	
Columbus	O h	43215	1012	
Columbus	1 () D	43213		Amount
To Whom Paid			M D Y	Alliquit
	In			
Address	Purpose			
		Terrori	[C1 1 1 1	
City	State	Zip Code	Check Number	
		<u></u>		~ <u>`</u> ~
To Whom Paid			M D Y	Amount
Address	Purpose			
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City	State	Zip Code	Check Number	
				4 .4
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	6.
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To Whom Paid			M D Y	
Address Purpose				
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City	State	Zip Code	Check Number	
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Page Total \$_	202.81
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