

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Maria Klemack</b>									
To Whom Paid <b>Heartland Bank</b>						M	D	Y	Amount <b>5.00</b>
Address <b>850 N Hamilton Rd</b>						Purpose <b>Bank Charge for Dormancy</b>			
City <b>Gahana</b>						State <b>OH</b>		Zip Code <b>43230</b>	Check Number
To Whom Paid <b>Heartland Bank</b>						M	D	Y	Amount <b>5.00</b>
Address <b>850 N Hamilton Rd</b>						Purpose <b>Bank Charge for Dormancy</b>			
City <b>Gahana</b>						State <b>OH</b>		Zip Code <b>43239</b>	Check Number
To Whom Paid <b>Grove City Dream Field</b>						M	D	Y	Amount <b>157.81</b>
Address <b>P.O. Box 493</b>						Purpose <b>Charitable Donation to a 501(c)(3)</b>			
City <b>Grove City</b>						State <b>OH</b>		Zip Code <b>43123</b>	Check Number <b>1011</b>
To Whom Paid <b>Ohio Ethics Commission</b>						M	D	Y	Amount <b>35.00</b>
Address <b>30 W. Spring Street, L3</b>						Purpose <b>Filing Fee for Financial Disclosure</b>			
City <b>Columbus</b>						State <b>OH</b>		Zip Code <b>43215</b>	Check Number <b>1012</b>
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
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