

## Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT CHRIS WOLFE</b>						
To Whom Paid <b>HEARTLAND BANK</b>			M	D	Y	Amount <b>\$60.00</b>
Address <b>850 NORTH HAMILTON ROAD</b>		Purpose <b>MONTHLY CHARGE FOR DORMANCY (\$5/MONTH, 12 MONTHS)</b>				
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	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			
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			

\$60.00