31-B R.C. 3517.10

Onna	1
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## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full			<del></del>	
Committee to Elect Chris Wolfe To Whom Paid		<u> </u>	MI D Yi	Amount
Heartland Bank				50.00
Address	Purpose		1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
850 N. Hamilton Road	Charge t	for Dormancy (\$5	<u>per month charge for Jan to</u>	o Oct)
City	State	Zip Code	Check Number	
Gahanna To Whom Paid	<u> </u>	43230	MI D Y	Amount
10 Michiela				
Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	• •
To Whom Paid			M D Y	Amount
Address	Purpose	<u> </u>		
City	State	Zip Code	Check Number	2 mm 2
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City	State	Zip Code	Check Number	. `
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City	State	Zip Code	Check Number	
To Whom Paid	1		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	4 %
To Whom Paid		M D Y	Amount	
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
Спу	State	Zip Code	Check Number	
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Page Total \$	50.00
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