

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Chris Wolfe									
To Whom Paid Heartland Bank						M	D	Y	Amount 50.00
Address 850 N. Hamilton Road			Purpose Charge for Dormancy (\$5 per month charge for Jan to Oct)						
City Gahanna			State O	Zip Code H 43230	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				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				

Page Total \$ 50.00