

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Dr. Anahi Ortiz									
To Whom Paid Dempsev's						M	D	Y	Amount
						0	3	2	1
Address 346 S. High Street						Purpose Fundraiser			
City Columbus						State OH		Zip Code 43215	
Check Number Debit Card									
To Whom Paid Friends of Dan Ramos						M	D	Y	Amount
						0	6	1	1
Address 1828 West 38th Street						Purpose Campaign Contribution			
City Lorain						State OH		Zip Code 44053	
Check Number 160									
To Whom Paid Heartland Bank						M	D	Y	Amount
						0	3	3	1
Address 850 N. Hamilton Road						Purpose Checking Account fees			
City Gahanna						State OH		Zip Code 43230	
Check Number Acct. Debit									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount