Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Wolfe For Mayor Committee				
To Whom Paid Ohio Ethics Commision			M D Y Amount \$25.00	
Address 30 W. Spring St	Purpose Financial disclosure filing			
City Columbus	State OH	Zip Code 43215	Check Number 145	
To Whom Paid Beer Dock East			0 6 3 0 1 0 Aniount \$45.00	
Address 125 Robinwood Ave	Purpose candy for 07-040-10			
City Whitehall	State OH	Zip Code 43213	Check Number 1490	
To Whom Paid Expenses transfered from Form 31-F			M D Y Amount \$1,730.00	
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose			
City	OH ,	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose		-	
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose			
City	State OH .	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose		-	
City	State OH	Zip Code	Check Number	