

Statement of Expenditures

Prescribed by Secretary of State 8/95

| Name of Committee in Full | | | | | | | | | | |
|--|--|--|--|--------------|----------|--|----------------|---|---|--------|
| Committee to Re elect Anne Heffman Porter to Bexley City Council | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount |
| Huntington National Bank | | | | | | | | | | \$.05 |
| Address | | | | Purpose | | | | | | |
| 5003 E. Main St | | | | Bank charges | | | | | | |
| City | | | | State | Zip Code | | Category Code* | | | |
| Columbus | | | | OH | 43209 | | OTT | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| | | | | | | | | | | |
| City | | | | State | Zip Code | | Category Code* | | | |
| | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| | | | | | | | | | | |
| City | | | | State | Zip Code | | Category Code* | | | |
| | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| | | | | | | | | | | |
| City | | | | State | Zip Code | | Category Code* | | | |
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| To Whom Paid | | | | | | | M | D | Y | Amount |
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| Address | | | | Purpose | | | | | | |
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| City | | | | State | Zip Code | | Category Code* | | | |
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| To Whom Paid | | | | | | | M | D | Y | Amount |
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| Address | | | | Purpose | | | | | | |
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| City | | | | State | Zip Code | | Category Code* | | | |
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| To Whom Paid | | | | | | | M | D | Y | Amount |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| | | | | | | | | | | |
| City | | | | State | Zip Code | | Category Code* | | | |
| | | | | | | | | | | |

* Please review the instruction page to determine which category code is correct.