

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Citizens for Tom Kneeland													
To Whom Paid						M	D	Y	Amount				
Heartland Bank						0	8	2	10	1	1	4	21.75
Address				Purpose									
850 North Hamilton Road				Bank Checks									
City		State		Zip Code		Check Number							
Gahanna		OH		43230									
To Whom Paid						M	D	Y	Amount				
Paypal						1	1	2	2	1	1	4	0.12
Address				Purpose									
2211 N. First Street				Account set up									
City		State		Zip Code		Check Number							
San Jose		CA		95131		ACH							
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							