R.C. 3517.10

Statement of Expenditures

Page 2

Prescribed by Secretary of State 2/01

NI 673 '4 ' 1 0 0				
Name of Committee in Full COMMITTEE TO ELECT CHRIS WOLFE				
To Whom Paid	1 7~	, WOLLY	M D Y	Amount
HEARTLAND BANK Address 850 NORTH HAMILTON RD. City CAHANNA To Whom Paid	Purpose CMARCE	EAR DARWANCY	(\$5/MOUTH	14 MOLTHS
City C34 184 14) A	State	Zip Code	Check Number	
<u>UAHANNA</u>		15250		- P - 2
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Amount
Address	Purpose			<u>-1 </u>
City	State	Zip Code	Check Number	
To Whom Paid	<u></u>	·	M D Y	Amount
Address	Purpose			<u> </u>
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			<u></u>
City	State	Zip Code	Check Number	
To Whom Paid	<u> </u>	<u></u>	M D Y	Amount
Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	
To Whom Paid	<u></u>		M D Y	Amount
Address	Purpose		1 1	
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		1 1 1 1 1	
City	State	Zip Code	Check Number	