

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT CHRIS WOLFE					
To Whom Paid HEARTLAND BANK		M	D	Y	Amount 70.00
Address 850 NORTH HAMILTON RD.		Purpose CHARGE FOR DORMANCY (\$5/MONTH, 14 MONTHS)			
City GAHANNA	State OH	Zip Code 43230	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		
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		