

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full Citizens for Jason Phillips									
To Whom Paid Heartland Bank						M 1	D 1	Y 3	Amount \$5.00
Address 850 North Hamilton Road				Purpose Dormant Service Charge on Bank Account					
City Gahanna				State OH	Zip Code 43230		Check Number		
To Whom Paid Heartland Bank						M 1	D 2	Y 3	Amount \$5.00
Address 850 North Hamilton Road				Purpose Dormant Service Charge on Bank Account					
City Gahanna				State OH	Zip Code 43230		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		
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		