

FOR PAPER FILING ONLY

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Hilliard Area Democratic Club							
To Whom Paid US Bank				M	D	Y	Amount
				0	3	1	5.00
Address 4656 Cemetery Road		Purpose Dormant Service Charge					
City Hilliard	State OH	Zip Code 43026	Check Number N/A				
To Whom Paid US Bank				M	D	Y	Amount
				0	4	0	5.00
Address 4656 Cemetery Road		Purpose Dormant Service Charge					
City Hilliard	State OH	Zip Code 43026	Check Number N/A				
To Whom Paid US Bank				M	D	Y	Amount
				0	5	0	5.00
Address 4656 Cemetery Road		Purpose Dormant Service Charge					
City Hilliard	State OH	Zip Code 43026	Check Number N/A				
To Whom Paid US Bank				M	D	Y	Amount
				0	6	0	5.00
Address 4656 Cemetery Road		Purpose Dormant Service Charge					
City Hilliard	State OH	Zip Code 43026	Check Number N/A				
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				

Page Total **20.00**