

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Mindy Garverick for School Board												
To Whom Paid Heartland Bank						M	D	Y	Amount			
						0	9	2	0	1	0	3.00
Address 2365 Old Stringtown Road				Purpose Monthly statement images fee								
City Grove City		State O	H	Zip Code 43123		Check Number Auto Transfer						
To Whom Paid Heartland Bank						M	D	Y	Amount			
						1	0	2	5	1	0	3.00
Address 2365 Old Stringtown Road				Purpose Monthly statement images fee								
City Grove City		State O	H	Zip Code 43123		Check Number Auto Transfer						
To Whom Paid Heartland Bank						M	D	Y	Amount			
						1	1	2	4	1	0	3.00
Address 2365 Old Stringtown Road				Purpose Monthly statement images fee								
City Grove City		State O	H	Zip Code 43123		Check Number Auto Transfer						
To Whom Paid Heartland Bank						M	D	Y	Amount			
						1	2	2	4	1	0	3.00
Address 2365 Old Stringtown Road				Purpose Monthly statement images fee								
City Grove City		State O	H	Zip Code 43123		Check Number Auto Transfer						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			