

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Oberle for Sharon Township Committee												
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	4	0	2	1	2	\$5.00
Address P.O. Box 630900				Purpose Dormant Bank Fee								
City Cincinnati				State OH	Zip Code 45263		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	5	0	1	1	2	\$5.00
Address P.O. Box 630900				Purpose Dormant Bank Fee								
City Cincinnati				State OH	Zip Code 45263		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	6	0	1	1	2	\$5.00
Address P.O. Box 630900				Purpose Dormant Bank Fee								
City Cincinnati				State OH	Zip Code 45263		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	7	0	2	1	2	\$5.00
Address P.O. Box 630900				Purpose Dormant Bank Fee								
City Cincinnati				State OH	Zip Code 45263		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	8	0	1	1	2	\$5.00
Address P.O. Box 630900				Purpose Dormant Bank Fee								
City Cincinnati				State OH	Zip Code 45263		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	9	0	4	1	2	\$5.00
Address P.O. Box 630900				Purpose Dormant Bank Fee								
City Cincinnati				State OH	Zip Code 45263		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						1	0	0	1	1	2	\$5.00
Address P.O. Box 630900				Purpose Dormant Bank Fee								
City Cincinnati				State OH	Zip Code 45263		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						1	1	0	1	1	2	\$5.00
Address P.O. Box 630900				Purpose Dormant Bank Fee								
City Cincinnati				State OH	Zip Code 45263		Check Number					

Page Total **\$40.00**