

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>HILLIARD AREA REPUBLICAN CLUB POLITICAL ACTION COMMITTEE</b>									
To Whom Paid <b>FIFTH THIRD BANK</b>						M	D	Y	Amount
						0	3	1	5.00
Address <b>PO BOX 630900</b>			Purpose <b>BANK STATEMENT FEE</b>						
City <b>CINCINNATI</b>			State <b>O</b>	I	H	Zip Code <b>45263-0900</b>		Check Number	
To Whom Paid <b>FIFTH THIRD BANK</b>						M	D	Y	Amount
						0	4	1	5.00
Address <b>PO BOX 630900</b>			Purpose <b>BANK STATEMENT FEE</b>						
City <b>CINCINNATI</b>			State <b>O</b>	I	H	Zip Code <b>45263-0900</b>		Check Number	
To Whom Paid <b>FIFTH THIRD BANK</b>						M	D	Y	Amount
						0	5	1	5.00
Address <b>PO BOX 630900</b>			Purpose <b>BANK STATEMENT FEE</b>						
City <b>CINCINNATI</b>			State <b>O</b>	I	H	Zip Code <b>45263-0900</b>		Check Number	
To Whom Paid <b>FIFTH THIRD BANK</b>						M	D	Y	Amount
						0	6	1	4.93
Address <b>PO BOX 630900</b>			Purpose <b>BANK STATEMENT FEE</b>						
City <b>CINCINNATI</b>			State <b>O</b>	I	H	Zip Code <b>45263-0900</b>		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	