

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF MOTIL										
To Whom Paid Kilroy for Congress							M	D	Y	Amount
							0	6	2	100.00
Address				Purpose						
City Columbus				State OH		Zip Code		Check Number 128		
To Whom Paid Key Bank							M	D	Y	Amount
							0	1	3	10.75
Address				Purpose bank fees						
City Columbus				State OH		Zip Code		Check Number		
To Whom Paid Keybank							M	D	Y	Amount
							0	2	2	10.75
Address				Purpose bank fees						
City Columbus				State OH		Zip Code		Check Number		
To Whom Paid Keybank							M	D	Y	Amount
							0	3	3	10.75
Address				Purpose bank fees						
City Columbus				State OH		Zip Code		Check Number		
To Whom Paid Keybank							M	D	Y	Amount
							0	4	2	10.75
Address				Purpose bank fees						
City Columbus				State OH		Zip Code		Check Number		
To Whom Paid Keybank							M	D	Y	Amount
							0	5	3	10.75
Address				Purpose bank fees						
City Columbus				State OH		Zip Code		Check Number		
To Whom Paid Keybank							M	D	Y	Amount
							0	6	3	10.75
Address				Purpose bank fees						
City Columbus				State OH		Zip Code		Check Number		
To Whom Paid Keybank							M	D	Y	Amount
							0	7	3	14.25
Address				Purpose bank fees						
City Columbus				State OH		Zip Code		Check Number		