7

## **Statement of Expenditures**

Page	1

Prescribed by Secretary of State 2/01

Name of Committee in Full		<u> </u>	<del></del>	
Hilliard Area Republican Club Political Acti	on Committe	ee		
To Whom Paid Fifth Thrid Bank	M D Y Amor 1 2 0 9 1 1 \$2	t 2.00		
Address P. O. Box 630900	Purpose Bank charg	e		
City Cincinnati	State OH	Zip Code 45263	Check Number n/a	
To Whom Paid	<del></del>		M D Y Amor	unt
Address	Purpose			
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City	State OH	Zip Code	Check Number	
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City	State OH	Zip Code	Check Number	

Page Total \$2.00