

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS FOR MARILEE</b>									
To Whom Paid <b>COMMERCE NATIONAL BANK</b>						M	D	Y	Amount
						0	6	3	0
Address <b>3650 OLENTANGY RVR RD</b>						Purpose <b>BANK CHARGES</b>			
City <b>COLUMBUS</b>						State <b>OH</b>		Zip Code <b>43214</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			
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