

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|---|--|-----------------------------|--------------------------|----------------------------|--|--------|--------|--------|-----------------|
| Name of Committee in Full TAXPAYERS FOR WESTERVILLE SCHOOLS | | | | | | | | | |
| To Whom Paid FIFTH THIRD BANK | | | | | | M 1 | D 2 | Y 3 | Amount 35.00 |
| Address PO BOX 630900 | | Purpose BANK FEES | | Check Number N/A | | | | | |
| City CINCINNATI | | State OH | Zip Code 45263 | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | Purpose | | Check Number | | | | | |
| City | | State | Zip Code | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | Purpose | | Check Number | | | | | |
| City | | State | Zip Code | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | Purpose | | Check Number | | | | | |
| City | | State | Zip Code | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | Purpose | | Check Number | | | | | |
| City | | State | Zip Code | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | Purpose | | Check Number | | | | | |
| City | | State | Zip Code | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | Purpose | | Check Number | | | | | |
| City | | State | Zip Code | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | Purpose | | Check Number | | | | | |
| City | | State | Zip Code | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | Purpose | | Check Number | | | | | |
| City | | State | Zip Code | | | | | | |