1

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full TAXPAYERS FOR WESTERVILLE S	CHOOLS			
To Whom Paid	Cricom	<del></del>	M D Y	Amount
FIFTH THIRD BANK			1 2 3 1 1 4	35.00
Address	Purpose			
PO BOX 630900	BANK			A company of the Personal Company
City	State	Zip Code	Check Number	
CINCINNATI	$O \mid H$	45263	N/A	
To Whom Paid			M D Y	Amount
Address	Purpose	_		
City	State	Zip Code	Check Number	<b>公司</b>
<u> </u>	<u>.                                     </u>			ALCOHOL:
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	<del> </del>	<u></u>	M D Y	Amount
Address	Purpose			-
City:	State	Zip Code	Check Number	
To Whom Paid	<u> </u>	<u> </u>	M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	•		M D Y	Amount
Address	Ригроsе		<del></del>	-
City	State	Zîp Code	Check Number	
To Whom Paid	•		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	<b>学</b>
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	2 12 2

Page Total \$	35.00_