

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Citizens for Uttley									
To Whom Paid Fifth Third Bank				M 1	D 2	Y 0	Y 1	Y 4	Amount \$5.00
Address 21 E. State Street		Purpose Dormant Account Fee							
City Columbus		State OH	Zip Code 43215		Check Number				
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				

Page Total **\$5.00**