31-B R.C. 3517.10

## **Statement of Expenditures**

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full				- 1		
Committee to Frect KA	een De	OVER FOR S	SWC5	BOARd		
Fifth Third Bara	E		M D Y	Amount		
Name of Committee in Full  Committee to Frect KAREN DOVER FOR 5 WC 5 BOARD  To Whom Paid  Address  Purpose  OID STRING TO OWN RO.  State  City  CROVE CITY  OH  To Whom Paid  To Whom Paid  M. D. Y. Amount  Check Number  M. D. Y. Amount  M. D. Y. Amount						
City GROVE CITY	State OH	Zip Code 43/23	Check Number			
To Whom Paid	<del></del>		M D Y	Amount 50,33		
Address	Purpose		<u> </u>			
City	State OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid	3	<u> </u>	M D Y	Amount		
Address	Purpose		<u> </u>	<u></u>		
City	State OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Ригроѕе		<b>-</b>			
City	OH ,	Zip Code	Check Number			
To Whom Paid		M D Y	Amount			
Address	Purpose		<del>I , '   '  </del>			
City	OH_	Zip Code	Check Number			
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y	Amount		
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid	·		M D Y	Amount		
Address	Purpose		<u> </u>			
City	State OH	Zip Code	Check Number			