

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Teater for Hilliard												
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	1	0	3	1	7	5.00
Address 21 E. State Street				Purpose Dormant account fee								
City Columbus				State O H		Zip Code 43215		Check Number				
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	2	0	1	1	7	5.00
Address 21 E. State Street				Purpose Dormant account fee								
City Columbus				State O H		Zip Code 43215		Check Number				
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	3	0	1	1	7	5.00
Address 21 E. State Street				Purpose Dormant account fee								
City Columbus				State O H		Zip Code 43215		Check Number				
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	4	0	3	1	7	5.00
Address 21 E. State Street				Purpose Dormant account fee								
City Columbus				State O H		Zip Code 43215		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				

Page Total \$ 20.00