Page	5

Statement of Expenditures

Prescribed by Secretary of State 2/01

N. CO W. CR. T.							
Name of Committee in Full Teater for Hilliard		•					
To Whom Paid			М	D	Y	Amount	
Fifth Third Bank				0 3	1		5.00
Address	Purpose			<u> </u>	<u> </u>	•	
21 E. State Street	Dormant account fee						
City	State	Zip Code	Check N	umber			
Columbus	O H]				
To Whom Paid			М	D	Y	Amount	
Fifth Third Bank			0 2		117	1	5.00
Address	Purpose		<u> </u>	<u> </u>	1-1-	<u> </u>	
21 E. State Street	Dormant account fee						
City	State	Zip Code	Check N	Check Number			
Columbus	O H	43215	I				
To Whom Paid			М	D	Y	Amount	
Fifth Third Bank			0 3	0 1	1 7		5.00
Address	Purpose						
21 E. State Street	Dormar	nt account fee					
City	State	Zip Code	Check Number				
Columbus	$O \mid H$		l l				
To Whom Paid			М	D	Y	Amount	
Fifth Third Bank		·	0 4	0 3	117		5.00
Address	Purpose		1 2 1 2	0 10	1-1-	<u> </u>	
21 E. State Street	Dormai	nt account fee					
City	State Zip Code			Check Number			
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Address	Purpose						
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City	State	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
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Address Purpose							
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City	State	Zip Code	Check N	umber			
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To Whom Paid			М	D	Y	Amount	
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Address	Purpose					<u> </u>	
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City	State	Zip Code	Check N	lumber			
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To Whom Paid			М	D	Y	Amount	
Address Purpose							
City	State	Zip Code	Check N	lumber			
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Page Total \$	20.00_
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