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## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Teater for Hilliard				
To Whom Paid			M D Y Amount	
Fifth Third Bank			0 1 0 4 1 6	5.00
Address	Purpose			
21 E. State Street	Dorman	t account fee		
City	State	Zip Code	Check Number	
Columbus	<u> </u>	43215		
To Whom Paid			M D Y Amount	
Fifth Third Bank			0 2 0 1 1 6	5.00
Address	Purpose			
21 E. State Street	Dormant	Dormant account fee		
City	State	Zip Code	Check Number	
Columbus		43215		
To Whom Paid			M D Y Amount	
Fifth Third Bank			0 3 0 1 1 6	5.00
Address	Purpose		1010101212	
21 E. State Street	1 .	t account fee		
City	State	Zip Code	Check Number	
Columbus		43215		
To Whom Paid		10210	M D Y Amount	i terre
Fifth Third Bank			0   4   0   1   1   6	5.00
Address	Purpose		0 4 0 1 1 0	0.00
21 E. State Street	1 '	t account fee		
City	State	Zip Code	Check Number	_
Calcumlana	State	43215	Check Number	
To Whom Paid		43213	M D Y Amount	
Fifth Third Bank				5.00
Address			0 5 0 2 1 6	3.00
	_ ·	Purpose		
21 E. State Street	<u> </u>	Dormant account fee		
City	State	Zip Code	Check Number	
Columbus		43215		
To Whom Paid			M D Y Amount	
Fifth Third Bank		<del></del>	0 6 0 1 1 6	5.00
Address	'	Purpose		
21 E. State Street		t account fee		
City	State	Zip Code	Check Number	
Columbus		43215		
To Whom Paid			M D Y Amount	
Fifth Third Bank			0 7 0 1 1 6	5.00
Address	Purpose	_		
21 E. State Street	<u>Dorman</u>	t account fee		
City	State	Zip Code	Check Number	
Columbus		43215		
To Whom Paid			M D Y Amount	
Fifth Third Bank			0 8 0 1 1 6	5.00
Address	Purpose			
21 E. State Street	Dorman	Dormant account fee		
City	State	Zip Code	Check Number	
Columbus		43215		

Page Total \$	40.00
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