

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 6

Name of Committee in Full Friends of McGivern					
To Whom Paid Fifth Third Bank		M 0	D 1	Y 0	Amount \$5.00
Address 21 E. State Street		Purpose Dormant Account Fee			
City Columbus	State OH	Zip Code 43215	Check Number		
To Whom Paid Fifth Third Bank		M 0	D 2	Y 0	Amount \$5.00
Address 21 E. State Street		Purpose Dormant Account Fee			
City Columbus	State OH	Zip Code 43215	Check Number		
To Whom Paid Fifth Third Bank		M 0	D 3	Y 0	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	Amount
Address		Purpose			
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		M	D	Y	Amount
Address		Purpose			
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		M	D	Y	Amount
Address		Purpose			
City	State OH	Zip Code	Check Number		

Page Total **\$15.00**