

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Teater for Schools							
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	1	1	8.00
Address 21 E. State Street		Purpose Service charge					
City Columbus	State O	H	Zip Code 43215	Check Number			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	2	1	3.00
Address 21 E. State Street		Purpose Service charge					
City Columbus	State O	H	Zip Code 43215	Check Number			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	3	1	3.00
Address 21 E. State Street		Purpose Service charge					
City Columbus	State O	H	Zip Code 43215	Check Number			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	4	0	3.00
Address 21 E. State Street		Purpose Service charge					
City Columbus	State O	H	Zip Code 43215	Check Number			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	5	0	3.00
Address 21 E. State Street		Purpose Service charge					
City Columbus	State O	H	Zip Code 43215	Check Number			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	6	1	3.00
Address 21 E. State Street		Purpose Service charge					
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			

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Page Total \$ 23.00