Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Uttley				
To Whom Paid Fifth Third Bank			$ \begin{array}{c c} M \\ 0 & 7 & 0 & 2 & 1 & 2 \end{array} $	Amount \$5.00
Address 21 E. State Street	Dormant Account Fee			
City Columbus	State OH	Zip Code 43215	Check Number	
To Whom Paid Fifth Third Bank			0 8 0 1 1 2	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 9 0 4 1 2	Amount \$5.00
Address 21 E. State Street	Purpose Dormant A	ccount Fee		-
City Columbus	State OH	Zip Code 43215	Check Number	r
To Whom Paid Fifth Third Bank	· · · · · · ·		1 0 0 1 1 2	Amount \$5.00
Address 21 E. State Street	Dormant Account Fee			
City Columbus	State OH	Zip Code 43215	Check Number	
Fifth Third Bank			1 1 0 1 1 2	Amount \$5.00
Address 21 E. State Street	Purpose · Dormant A	ccount Fee		
City Columbus	OH t	Zip Code 43215	Check Number	
Fifth Third Bank			1 2 0 3 1 2	Amount \$5.00
Address 21 E. State Street	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	: