

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full SUPPORT LACORTE FOR MAYOR									
To Whom Paid FIFTH THIRD BANK						M	D	Y	Amount
						1	1	0	\$11.00
Address				Purpose BANKING FEES					
City CINCINNATI				State OH	Zip Code		Check Number DEBIT		
To Whom Paid FIFTH THIRD BANK						M	D	Y	Amount
						1	1	0	\$50.00
Address				Purpose ACCOUNT CLOSING FEE					
City CINCINNATI				State OH	Zip Code		Check Number DEBIT		
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		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount