

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
						1	0	0	1 1 5
Address 21 E. State Street						Purpose Dormant account fee			
City Columbus						State O H		Zip Code 43215	Check Number
To Whom Paid Fifth Third Bank						M	D	Y	Amount
						1	1	0	2 1 5
Address 21 E. State Street						Purpose Dormant account fee			
City Columbus						State O H		Zip Code 43215	Check Number
To Whom Paid Fifth Third Bank						M	D	Y	Amount
						1	2	0	1 1 5
Address 21 E. State Street						Purpose Dormant account fee			
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
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
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number