

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Uttley									
To Whom Paid Fifth Third Bank						M	D	Y	Amount
						0	9	0	1
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	0	0	1
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
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	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	