Page	3

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full	··			
Citizens for Uttley				
To Whom Paid			M D Y	Amount
Fifth Third Bank			0 9 0 1 1 5	5.00
Address	Purpose		1012 011 110	
21 E. State Street		t Account Fee		
City		Zip Code		
	State		Check Number	4.6
<u>Columbus</u>	O   H	43215		
To Whom Paid			M D Y	Amount
Fifth Third Bank			1   0   0   1   1   5	5.00
Address	Purpose			
21 E. State Street	Dorman	t Account Fee		
City	State	Zip Code	Check Number	
Columbus	O H	43215		24. 4
To Whom Paid		10210	M D Y	Amount
Fifth Third Bank				
	· -		1 1 0 2 1 5	3.28
Address	Purpose			
21 E. State Street	Dorman	t Account Fee		
City	State	Zip Code	Check Number	
Columbus	$ 0$ $\mid$ H	43215		
To Whom Paid		•	M D Y	Amount
Address	Purpose	<del>-</del>		<u> </u>
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City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
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To Whom Paid		<del></del>		
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Address	Purpose			
City	State	Zip Code	Check Number	
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To Whom Paid		<u> </u>	M D Y	Amount
Address	Purpose			
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City	State	Zip Code	Check Number	
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To Whom Paid			M D Y	Amount
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Address	Purpose			*
City	State	Zip Code	Check Number	
	State	Lip code	GIRCK Hamoer	*
	<u>l</u>	<u> </u>		1000

Page Total \$	13.28_