

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Oberle for Sharon Township Committee									
To Whom Paid Fifth Third						M	D	Y	Amount \$2.21
Address P.O. Box 630900						Purpose Dormant Bank Fee			
City Cincinnati						State OH	Zip Code 45263		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
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