

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Citizens for Uttley												
To Whom Paid Fifth Third Bank						M 0	D 1	Y 0	Y 2	Y 1	Y 3	Amount \$5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus				State OH	Zip Code 43215		Check Number					
To Whom Paid Fifth Third Bank						M 0	D 2	Y 0	Y 1	Y 1	Y 3	Amount \$5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus				State OH	Zip Code 43215		Check Number					
To Whom Paid Fifth Third Bank						M 0	D 3	Y 0	Y 1	Y 1	Y 3	Amount \$5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus				State OH	Zip Code 43215		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH	Zip Code		Check Number					

Page Total **\$15.00**