

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page **4**

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|--|--|--|--|--|--|---------------------------------------|--------------------------|--------------|-------------------------|
| Name of Committee in Full Teater for Schools | | | | | | | | | |
| To Whom Paid Fifth Third Bank | | | | | | M | D | Y | 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 | D | Y | Amount \$5.00 |
| Address 21 E. State Street | | | | | | Purpose Dormant Account Fee | | | |
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| 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 | |

Page Total **\$20.00**