Statement of Expenditures

Page 4

Prescribed by Secretary of State 2/01

| Name of Committee in Full Teater for Schools | | | |
|--|--|---|---------------------------------|
| To Whom Paid Fifth Third Bank | | | M 7 0 1 1 3 Amount \$5.00 |
| Address 21 E. State Street | | Dormant Account Fee | |
| City Columbus | State OH | Zip Code 43215 | Check Number |
| To Whom Paid Fifth Third Bank | | | 0 8 0 1 1 3 S5.00 |
| Address 21 E. State Street | Dormant A | Account Fee | |
| City Columbus | State OH | Zip Code 43215 | Check Number |
| To Whom Paid Fifth Third Bank | · | · | M 0 9 0 3 1 3 \$5.00 |
| Address 21 E. State Street | Purpose Dormant A | Account Fee | |
| City Columbus | State OH | Zip Code 43215 | Check Number |
| To Whom Paid Fifth Third Bank | <u> </u> | | M D Y Amount 1 0 0 1 1 3 \$5.00 |
| Address 21 E. State Street | Purpose Dormant Account Fee | | |
| City Columbus | State OH | Zip Code 43215 | Check Number |
| To Whom Paid | l <u>t</u> | | M D Y Amount |
| Address | Purpose | , | |
| City | State | Zip Code | Check Number |
| To Whom Paid | <u>. </u> | | M D Y Amount |
| Address | Purpose | | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | <u> </u> | 1 | M D Y Amount |
| Address | Purpose | | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | <u> </u> | | M D Y Amount |
| Address | Purpose | | |
| City | State OH | Zip Code | Check Number |