

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Uttlev												
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	1	0	2	1	5	5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus		State O H		Zip Code 43215		Check Number						
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	2	0	2	1	5	5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus		State O H		Zip Code 43215		Check Number						
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	3	0	2	1	5	5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus		State O H		Zip Code 43215		Check Number						
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	4	0	1	1	5	5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus		State O H		Zip Code 43215		Check Number						
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	5	0	1	1	5	5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus		State O H		Zip Code 43215		Check Number						
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	6	0	1	1	5	5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus		State O H		Zip Code 43215		Check Number						
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	7	0	1	1	5	5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus		State O H		Zip Code 43215		Check Number						
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						0	8	0	3	1	5	5.00
Address 21 E. State Street				Purpose Dormant Account Fee								
City Columbus		State O H		Zip Code 43215		Check Number						