

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Friends of McGivern						
To Whom Paid Fifth Third Bank			M 0	D 7	Y 0 2 1 2	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 8	Y 0 1 1 2	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 9	Y 0 4 1 2	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 1	D 0	Y 0 1 1 2	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 1	D 1	Y 0 1 1 2	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 1	D 2	Y 0 3 1 2	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	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 **\$30.00**