

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Motil									
To Whom Paid Keybank						M	D	Y	Amount
Address						0	9	2	10.75
City Columbus			State OH		Zip Code	Check Number			
To Whom Paid Keybank						M	D	Y	Amount
Address						1	0	3	10.75
City Columbus			State OH		Zip Code	Check Number			
To Whom Paid Keybank						M	D	Y	Amount
Address						1	1	3	10.75
City Columbus			State OH		Zip Code	Check Number			
To Whom Paid Keybank						M	D	Y	Amount
Address						1	2	3	10.75
City Columbus			State OH		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address									
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address									
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address									
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address									
City			State		Zip Code	Check Number			