

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 3

Name of Committee in Full Friends of McGivern									
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$11.50
Address 21 E. State Street						Purpose Service Charge			
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	
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	
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 **\$11.50**