

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Royer for UA Schools					
To Whom Paid Fifth Third Bank		M 1	D 1	Y 1	Amount \$11.50
Address 21 E State Street		Purpose Bank Fees			
City Columbus	State OH	Zip Code 43215	Check Number EFT		
To Whom Paid Fifth Third Bank		M 1	D 2	Y 1	Amount \$4.00
Address 21 E State Street		Purpose Bank Fee			
City Columbus	State OH	Zip Code 43215	Check Number EFT		
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		