Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Believe in UA Committee					
To Whom Paid Arlington Bank			M D Y O T O T O T O T O T O T O T O T O T O	Amount \$6.00	
Address	Purpose Bank Service Charge				
City Upper Arlington	State OH	Zip Code 43220	Check Number N/A		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address Purpose					
City	State	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid			MDY	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		