

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full										
To Whom Paid Fifth Third Bank							M	D	Y	Amount
							1	2	1	\$3.00
Address 21 E. State Street				Purpose Bank service fee						
City Columbus				State OH	Zip Code 43215		Check Number N/A			
To Whom Paid The Trinity Foundation							M	D	Y	Amount
							1	2	2	\$205.00
Address 1581 Cambridge Blvd.				Purpose Charitable contribution						
City Columbus				State OH	Zip Code 43212		Check Number 103			
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 \$208.00