

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 2

Name of Committee in Full Motil for City Council											
To Whom Paid Huntington Bank						M	D	Y	Amount \$5.00		
						1	1	3	0	1	5
Address PO Box 1558				Purpose Bank Fees							
City Columbus				State OH	Zip Code 43216		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 **\$5.00**