

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Motil										
To Whom Paid Keybank							M	D	Y	Amount
Address							0	1	3	10.75
City Columbus							State OH		Zip Code	Check Number
To Whom Paid Keybank							M	D	Y	Amount
Address							0	2	2	10.75
City Columbus							State OH		Zip Code	Check Number
To Whom Paid Keybank							M	D	Y	Amount
Address							0	3	3	10.75
City Columbus							State OH		Zip Code	Check Number
To Whom Paid Keybank							M	D	Y	Amount
Address							0	4	3	10.75
City Columbus							State OH		Zip Code	Check Number
To Whom Paid Keybank							M	D	Y	Amount
Address							0	5	3	10.75
City Columbus							State OH		Zip Code	Check Number
To Whom Paid Keybank							M	D	Y	Amount
Address							0	6	2	10.75
City Columbus							State OH		Zip Code	Check Number
To Whom Paid Keybank							M	D	Y	Amount
Address							0	7	3	10.75
City Columbus							State OH		Zip Code	Check Number
To Whom Paid Keybank							M	D	Y	Amount
Address							0	8	3	10.75
City Columbus							State OH		Zip Code	Check Number