Page	3_

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Teater for Hilliard						
To Whom Paid			М	D Y	Amount	
Fifth Third Bank			0 9 0		6	5.00
Address	Purpose		10:210			
21 E. State Street	Dormant account fee					
City	State	Zip Code	Check Num	ber		
Columbus	$O \mid H$	43215				
To Whom Paid			М	D Y	Amount	
Fifth Third Bank			1 0 0) 3 1	6	5.00
Address	Purpose					
21 E. State Street	Dormant account fee					
City	State	Zip Code	Check Number			
Columbus	1	43215	1	_		
To Whom Paid			М	D Y	Amount	
Fifth Third Bank			1 1 0	1 1	6	5.00
Address	Purpose					
21 E. State Street		it account fee				
City	State	Zip Code	Check Num	ber		
Columbus		43215	1			
To Whom Paid	·		М	D Y	Amount	
Fifth Third Bank			1 2 0) 1 1	6	5.00
Address	Purpose					
21 E. State Street		nt account fee				:
City	State Zip Code Check Number					
Columbus		43215				
To Whom Paid	*		М	D Y	Amount	
Address	Purpose					
	1					
City	State	Zip Code	Check Num	ber		
<u> </u>						
To Whom Paid			М	D Y	Amount	
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Address	Purpose					
	1					
City	State	Zip Code	Check Nun	ber		
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To Whom Paid			М	D Y	Amount	
					ł	
Address	Purpose				-	
1	1					
City	State	Zip Code	Check Nun	ıber		
1						
To Whom Paid			М	D Y	Amount	
Address	Purpose					
	[
City	State	Zip Code	Check Nun	nber		

Page Total \$	20.00
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