31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full: FRIENDS OF MOTIL

To Whom Paid	Address	City	State	Zip Code	Purpose	Check Number	M	D	Y	Amount
Keybank		Columbus	OH		bank fees		08	31	06	10.75
Keybank		Columbus	OH		bank fees		09	29	06	10.75
Keybank		Columbus	OH		bank fees		10	31	06	10.75
Keybank		Columbus	OH		bank fees		11	30	06	10.75
Keybank		Columbus	OH		bank fees		12	29	06	10.75

Page Total $ 54.00