

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full COMMITTEE FOR WADE STEEN							
To Whom Paid HUNTINGTON NATIONAL BANK				M	D	Y	Amount \$2.50
Address 41 S. HIGH ST				Purpose BANK FEES			
City COLUMBUS		State OH	Zip Code 43215	Check Number DEBIT			
To Whom Paid HUNTINGTON NATIONAL BANK				M	D	Y	Amount \$2.50
Address 41 S. HIGH ST				Purpose BANK FEES			
City COLUMBUS		State OH	Zip Code 43215	Check Number DEBIT			
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Page Total **\$20.00**