

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full TAXPAYERS FOR WESTERVILLE SCHOOLS									
To Whom Paid FIFTH THIRD BANK						M 0	D 1	Y 1	Amount 5.00
Address PO BOX 630900				Purpose BANK FEES					
City CINCINNATI				State OH	Zip Code 45263	Check Number N/A			
To Whom Paid						M 	D 	Y 	Amount
Address				Purpose					
City				State 	Zip Code	Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address				Purpose					
City				State 	Zip Code	Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address				Purpose					
City				State 	Zip Code	Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address				Purpose					
City				State 	Zip Code	Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address				Purpose					
City				State 	Zip Code	Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address				Purpose					
City				State 	Zip Code	Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address				Purpose					
City				State 	Zip Code	Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address				Purpose					
City				State 	Zip Code	Check Number			