

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Teater for Schools						
To Whom Paid Fifth Third Bank			M 0	D 2	Y 1	Amount 5.00
Address 21 E. State Street		Purpose Dormant account fee				
City Columbus	State O	H H	Zip Code 43215	Check Number		
To Whom Paid Fifth Third Bank			M 0	D 3	Y 1	Amount 5.00
Address 21 E. State Street		Purpose Dormant account fee				
City Columbus	State O	H H	Zip Code 43215	Check Number		
To Whom Paid Fifth Third Bank			M 0	D 4	Y 1	Amount 5.00
Address 21 E. State Street		Purpose Dormant account fee				
City Columbus	State O	H H	Zip Code 43215	Check Number		
To Whom Paid Fifth Third Bank			M 0	D 5	Y 1	Amount 5.00
Address 21 E. State Street		Purpose Dormant account fee				
City Columbus	State O	H H	Zip Code 43215	Check Number		
To Whom Paid Fifth Third Bank			M 0	D 6	Y 1	Amount 5.00
Address 21 E. State Street		Purpose Dormant account fee				
City Columbus	State O	H H	Zip Code 43215	Check Number		
To Whom Paid Fifth Third Bank			M 0	D 7	Y 1	Amount 5.00
Address 21 E. State Street		Purpose Dormant account fee				
City Columbus	State O	H H	Zip Code 43215	Check Number		
To Whom Paid Fifth Third Bank			M 0	D 8	Y 1	Amount 5.00
Address 21 E. State Street		Purpose Dormant account fee				
City Columbus	State O	H H	Zip Code 43215	Check Number		
To Whom Paid Fifth Third Bank			M 0	D 9	Y 1	Amount 5.00
Address 21 E. State Street		Purpose Dormant account fee				
City Columbus	State O	H H	Zip Code 43215	Check Number		