

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Teater for Schools							
To Whom Paid Fifth Third Bank				M 0	D 5	Y 0	Amount \$5.00
Address 21 E. State Street		Purpose Dormant Account Fee					
City Columbus		State OH	Zip Code 43215	Check Number			
To Whom Paid Fifth Third Bank				M 0	D 6	Y 0	Amount \$5.00
Address 21 E. State Street		Purpose Dormant Account Fee					
City Columbus		State OH	Zip Code 43215	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			

Page Total **\$10.00**