

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	D	Y	Amount
						0	1	1	2
Address 21 E. State Street						Purpose Service charge			8.00
City Columbus						State O H		Zip Code 43215	Check Number
To Whom Paid Fifth Third Bank						M	D	Y	Amount
						0	2	1	0
Address 21 E. State Street						Purpose Service charge			3.00
City Columbus						State O H		Zip Code 43215	Check Number
To Whom Paid Fifth Third Bank						M	D	Y	Amount
						0	3	1	2
Address 21 E. State Street						Purpose Service charge			3.00
City Columbus						State O H		Zip Code 43215	Check Number
To Whom Paid Fifth Third Bank						M	D	Y	Amount
						0	4	0	1
Address 21 E. State Street						Purpose Service charge			3.00
City Columbus						State O H		Zip Code 43215	Check Number
To Whom Paid Fifth Third Bank						M	D	Y	Amount
						0	5	0	1
Address 21 E. State Street						Purpose Service charge			3.00
City Columbus						State O H		Zip Code 43215	Check Number
To Whom Paid Fifth Third Bank						M	D	Y	Amount
						0	6	1	2
Address 21 E. State Street						Purpose Service charge			3.00
City Columbus						State O H		Zip Code 43215	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