

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		
						1	0	3	1	1	5.00
Address 21 E. State Street				Purpose Service charge							
City Columbus		State O H		Zip Code 43215		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount		
						1	1	0	1	1	5.00
Address 21 E. State Street				Purpose Service charge							
City Columbus		State O H		Zip Code 43215		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount		
						1	2	0	1	1	5.00
Address 21 E. State Street				Purpose Service charge							
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					
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					