

Statement of Expenditures

Prescribed by Secretary of State 2/01

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