

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Hilliard Citizens for Progress										
To Whom Paid Fifth Third Bank				M 1	D 2	Y 0	Y 1	Y 1	Y 0	Amount \$5.00
Address P.O Box 630900			Purpose Dormant Account Fee							
City Cincinnati		State OH	Zip Code 45263		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					
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City		State OH	Zip Code		Check Number					