

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Teater for Hilliard</b>							
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				0	9	0	1
				1	1	6	5.00
Address <b>21 E. State Street</b>		Purpose <b>Dormant account fee</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Check Number			
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				1	0	0	3
				1	1	6	5.00
Address <b>21 E. State Street</b>		Purpose <b>Dormant account fee</b>					
City <b>Columbus</b>	State		Zip Code <b>43215</b>	Check Number			
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				1	1	0	1
				1	1	6	5.00
Address <b>21 E. State Street</b>		Purpose <b>Dormant account fee</b>					
City <b>Columbus</b>	State		Zip Code <b>43215</b>	Check Number			
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				1	2	0	1
				1	1	6	5.00
Address <b>21 E. State Street</b>		Purpose <b>Dormant account fee</b>					
City <b>Columbus</b>	State		Zip Code <b>43215</b>	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			