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## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Teater for Schools				
To Whom Paid		M D Y Amount		
Fifth Third Bank		0   7   1   2   1   2   3.00		
Address	Purpose			
21 E. State Street	Service charge			
City	State Zip Code	Check Number		
Columbus	O   H 43215			
To Whom Paid		M D Y Amount		
Fifth Third Bank		0 8 1 0 1 2 3.00		
Address	Purpose			
21 E. State Street	Service charge			
City	State Zíp Code	Check Number		
Columbus	O H 43215			
To Whom Paid		M D Y Amount		
Fifth Third Bank		0 9 1 3 1 2  3.00		
Address	Purpose			
21 E. State Street	Service charge			
City	State Zip Code	Check Number		
Columbus	O   H   43215			
To Whom Paid		M D Y Amount		
Fifth Third Bank		1 0 1 2 1 2 3.00		
Address	Purpose			
21 E. State Street	Service charge			
City	State Zip Code	Check Number		
Columbus	O   H 43215			
To Whom Paid		M D Y Amount		
Fifth Third Bank 1 1 1 3 1 2 3.00				
Address	Purpose			
21 E. State Street	Service charge			
City	State Zip Code	Check Number		
Columbus	O   H   43215			
To Whom Paid		M D Y Amount		
Fifth Third Bank   1   2   1   2   1   2   3.00				
Address	Purpose			
21 E. State Street	Service charge			
City	State Zip Code	Check Number		
Columbus	O H 43215			
To Whom Paid		M D Y Amount		
Address	Purpose			
		<u></u>		
City	State Zip Code	Check Number		
To Whom Paid		M D Y Amount		
Address	Purpose			
		<u></u>		
City	State Zip Code	Check Number		
	<u> </u>			

Page Total \$ 18	.00
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