31-B
R.C. 3517.10

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
CITIZENS FOR CARRIER							
To Whom Paid				M	D	Y	Amount
HUNTINGTON NATIONAL BANK				0 1	1 5	1 5	2.50
Address	Purpose						
PO BOX 1558	BANK SERVICE CHARGE						
City	State	Zip Code	Check Number				
COLUMBUS	O H	43216	DEBIT				
To Whom Paid				M	D	Y	Amount
HUNTINGTON NATIONAL BANK				0 2	1 5	1 5	2.50
Address	Purpose						
PO BOX 1558	BANK SERVICE CHARGE						
City	State	Zip Code	Check Number				
COLUMBUS	O H	43216	DEBIT				
To Whom Paid				M	D	Y	Amount
HUNTINGTON NATIONAL BANK				0 3	1 5	1 5	2.50
Address	Purpose						
PO BOX 1558	BANK SERVICE CHARGE						
City	State	Zip Code	Check Number				
COLUMBUS	O H	43216	DEBIT				
To Whom Paid				M	D	Y	Amount
HUNTINGTON NATIONAL BANK				0 4	1 5	1 5	2.50
Address	Purpose						
PO BOX 1558	BANK SERVICE CHARGE						
City	State	Zip Code	Check Number				
COLUMBUS	O H	43216	DEBIT				
To Whom Paid				M	D	Y	Amount
HUNTINGTON NATIONAL BANK				0 5	1 5	1 5	2.50
Address	Purpose						
PO BOX 1558							
City	State	Zip Code	Check Number				
COLUMBUS	O H	43216	DEBIT				
To Whom Paid				M	D	Y	Amount
HUNTINGTON NATIONAL BANK				0 6	1 5	1 5	2.50
Address	Purpose						
PO BOX 1558	BANK SERVICE CHARGE						
City	State	Zip Code	Check Number				
COLUMBUS	O H	43216	DEBIT				
To Whom Paid				M	D	Y	Amount
HUNTINGTON NATIONAL BANK				0 7	1 5	1 5	2.50
Address	Purpose						
PO BOX 1558	BANK SERVICE CHARGE						
City	State	Zip Code	Check Number				
COLUMBUS	O H	43216	DEBIT				
To Whom Paid				M	D	Y	Amount
HUNTINGTON NATIONAL BANK				0 8	1 5	1 5	2.50
Address	Purpose						
PO BOX 1558	BANK SERVICE CHARGE						
City	State	Zip Code	Check Number				
COLUMBUS	O H	43216	DEBIT				

Page Total $ 20.00