

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Michele Elliott									
To Whom Paid Huntington National Bank						M	D	Y	Amount
						0	1	1	5
						1	6	1	6
						3.00			
Address 17 South High Street			Purpose statement charge						
City Columbus			State O H		Zip Code 43216		Check Number		
To Whom Paid Huntington National Bank						M	D	Y	Amount
						0	2	1	6
						1	6	1	6
						3.00			
Address 17 South High Street			Purpose statement charge						
City Columbus			State O H		Zip Code 43216		Check Number		
To Whom Paid Huntington National Bank						M	D	Y	Amount
						0	3	1	5
						1	6	1	6
						3.00			
Address 17 South High Street			Purpose statement charge						
City Columbus			State O H		Zip Code 43216		Check Number		
To Whom Paid Huntington National Bank						M	D	Y	Amount
						0	4	1	5
						1	6	1	6
						3.00			
Address 17 South High Street			Purpose statement charge						
City Columbus			State O H		Zip Code 43216		Check Number		
To Whom Paid Huntington National Bank						M	D	Y	Amount
						0	5	1	6
						1	6	1	6
						3.00			
Address 17 South High Street			Purpose statement charge						
City Columbus			State O H		Zip Code 43216		Check Number		
To Whom Paid Huntington National Bank						M	D	Y	Amount
						0	6	1	5
						1	6	1	6
						3.00			
Address 17 South High Street			Purpose statement charge						
City Columbus			State O H		Zip Code 43216		Check Number		
To Whom Paid Huntington National Bank						M	D	Y	Amount
						0	7	1	5
						1	6	1	6
						3.00			
Address 17 South High Street			Purpose statement charge						
City Columbus			State O H		Zip Code 43216		Check Number		
To Whom Paid Huntington National Bank						M	D	Y	Amount
						0	7	3	1
						1	6	1	6
						5.00			
Address 17 South High Street			Purpose dormant account fee						
City Columbus			State O H		Zip Code 43216		Check Number		