Statement of Expenditures

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Page	•

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Citizens for Rankin				
To Whom Paid Fifth Third Bank	• •		M D Y Amount 0 1 0 2 1 3 \$5.00	
Address	Purpose			
809 South High Street		ank service fee		
City	State	Zip Code	Check Number	
Columbus	OH	43206	EFT	
To Whom Paid Fifth Third Bank			M D Y Amount S5.00	
Address	Purpose			
809 South High Street Bank service fee				
City	State	Zip Code	Check Number	
Columbus	OH.	43206	EFT	
To Whom Paid			M D Y Amount	
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	<u>. </u>	<u> </u>	M D Y Amount	
IV THAM A MIC				
Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	
To Whom Paid	-L	-	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	1	1	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	
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