

Statement of Expenditures

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Michele Elliott									
To Whom Paid Huntington Bank						M	D	Y	Amount
Address PO Box 1558 EAIW37						0	6	15	\$2.50
City Columbus O						State OH		Zip Code 43216	Check Number auto debit
To Whom Paid Huntington Bank						M	D	Y	Amount
Address PO Box 1558 EAIW37						0	7	15	\$2.50
City Columbus						State OH		Zip Code 43216	Check Number auto debit
To Whom Paid Huntington Bank						M	D	Y	Amount
Address PO Box 1558 EAIW37						0	8	15	\$2.50
City Columbus						State OH		Zip Code 43216	Check Number auto debit
To Whom Paid Huntington Bank						M	D	Y	Amount
Address PO Box 1558 EAIW37						0	9	15	\$2.50
City Columbus						State OH		Zip Code 43216	Check Number auto debit
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number