

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
To Whom Paid Bank One						M	D	Y	Amount
						0	3	0	4
Address 833 S. High St.						Purpose Bank service fee			
City Columbus						State O H		Zip Code 43206	
						Check Number N/A			
To Whom Paid Bank One						M	D	Y	Amount
						0	4	0	6
Address 833 S. High St.						Purpose Bank service fee			
City Columbus						State O H		Zip Code 43206	
						Check Number N/A			
To Whom Paid						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						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						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			

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