

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR CARRIER									
To Whom Paid HUNTINGTON NATIONAL BANK						M	D	Y	Amount
						0	9	1	5
Address PO BOX 1558						Purpose BANK SERVICE CHARGE			
City COLUMBUS						State O H		Zip Code 43216	
Check Number DEBIT									
To Whom Paid HUNTINGTON NATIONAL BANK						M	D	Y	Amount
						1	0	1	5
Address PO BOX 1558						Purpose BANK SERVICE CHARGE			
City COLUMBUS						State O H		Zip Code 43216	
Check Number DEBIT									
To Whom Paid HUNTINGTON NATIONAL BANK						M	D	Y	Amount
						1	1	1	5
Address PO BOX 1558						Purpose BANK SERVICE CHARGE			
City COLUMBUS						State O H		Zip Code 43216	
Check Number DEBIT									
To Whom Paid HUNTINGTON NATIONAL BANK						M	D	Y	Amount
						1	2	1	5
Address PO BOX 1558						Purpose BANK SERVICE CHARGE			
City COLUMBUS						State O H		Zip Code 43216	
Check Number DEBIT									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	