

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR CARRIER					
To Whom Paid PROFORMA GRAPHIC IMPRESSIONS 2		M	D	Y	Amount
Address PO BOX 640814		0	5	0	2,433.84
City CINCINNATI		State OH		Zip Code 45264	Check Number 141
To Whom Paid HUNTINGTON NATIONAL BANK		M	D	Y	Amount
Address PO BOX 1558		0	5	1	2.50
City COLUMBUS		State OH		Zip Code 43216	Check Number DEBIT
To Whom Paid		M	D	Y	Amount
Address		State		Zip Code	Check Number
City		State		Zip Code	Check Number
To Whom Paid		M	D	Y	Amount
Address		State		Zip Code	Check Number
City		State		Zip Code	Check Number
To Whom Paid		M	D	Y	Amount
Address		State		Zip Code	Check Number
City		State		Zip Code	Check Number
To Whom Paid		M	D	Y	Amount
Address		State		Zip Code	Check Number
City		State		Zip Code	Check Number
To Whom Paid		M	D	Y	Amount
Address		State		Zip Code	Check Number
City		State		Zip Code	Check Number