

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
To Whom Paid Bank One						M 0 3	D 0 4	Y 0 5	Amount 12.00
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 0 4	D 0 6	Y 0 5	Amount 12.00
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			
To Whom Paid						M 	D 	Y 	Amount
Address			Purpose						
City			State 	Zip Code		Check Number			