

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack									
To Whom Paid Huntington National Bank						M	D	Y	Amount
						1	1	1	20.00
Address P. O. Box 1558			Purpose Monthly Service Fee						
City Columbus			State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank						M	D	Y	Amount
						1	1	1	5.00
Address P. O. Box 1558			Purpose Checks Returned Statement Fee						
City Columbus			State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank						M	D	Y	Amount
						1	2	1	20.00
Address P. O. Box 1558			Purpose Monthly Service Fee						
City Columbus			State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank						M	D	Y	Amount
						1	2	1	5.00
Address P. O. Box 1558			Purpose Checks Returned Statement Fee						
City Columbus			State O	H	Zip Code 43216	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			