

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Citizens for Rankin									
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$3.00
						0	4	1	2
Address 809 South High Street						Purpose Bank Service Fee			
City Columbus						State OH	Zip Code 43206		Check Number EFT
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$3.00
						0	5	1	1
Address 809 South High Street						Purpose Bank Service Fee			
City Columbus						State OH	Zip Code 43206		Check Number EFT
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$3.00
						0	6	1	2
Address 809 South High Street						Purpose Bank Service Fee			
City Columbus						State OH	Zip Code 43206		Check Number EFT
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$3.00
						0	7	1	3
Address 809 South High Street						Purpose Bank Service Fee			
City Columbus						State OH	Zip Code 43206		Check Number EFT
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$3.00
						0	8	1	0
Address 809 South High Street						Purpose Bank Service Fee			
City Columbus						State OH	Zip Code 43206		Check Number EFT
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$3.00
						0	9	1	3
Address 809 South High Street						Purpose Bank Service Fee			
City Columbus						State OH	Zip Code 43206		Check Number EFT
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$3.00
						1	0	1	3
Address 809 South High Street						Purpose Bank Service Fee			
City Columbus						State OH	Zip Code 43206		Check Number EFT
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code		Check Number

Page Total \$21.00