Page 5

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					
CITIZENS FOR RANKIN					
To Whom Paid			M D	Y Amount	
Bank One			0 3 0 4	0 5 12.00	
Address	Purpose	Purpose			
833 S. High St.		Bank service fee			
City	State	State Zip Code Check Number			
Columbus	O H	I 43206	N/A		
To Whom Paid			M D	Y Amount	
Bank One			0 4 0 6	0 5 12.00	
Address	Purpose				
833 S. High St.	Bank se	Bank service fee			
City	State Zip Code		Check Number		
Columbus	OH	43206	N/A		
To Whom Paid •			M D	Y Amount	
*					
Address	Purpose				
City	State	Zip Code	Check Number		
	i 1				
To Whom Paid			M D	Y Amount	
Address	Purpose				
City	State Zip Code		Check Number		
•		1-7 5545	Check Humber		
To Whom Paid			M D	Y Amount	
				Amount	
Address	Purpose				
	, ,				
City	State Zip Code		Check Number		
•		1 2.5 5000		Greek Hamber	
To Whom Paid			M D	Y Amount	
				Amount	
Address	Purpose				
	r arpose				
City	State	Zip Code	Check Number		
9	State	Zip code	Check Number		
To Whom Paid		L	MIDI	V Amount	
70 Milliand			MD	Y Amount	
Address	Purpose				
1001000	rurpose				
City	State	7in Cada	Charle No.		
acy	State	Zip Code	Check Number		
To Whom Paid				<u> </u>	
TO THIOTH I AIG			M D	Y Amount	
Address	In				
nuuress	Purpose				
Pik. 4		Ta: 0 +			
City	State	Zip Code	Check Number		
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Page Total \$	24.00