

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
To Whom Paid Bank One						M	D	Y	Amount
						0	3	0	4
						0	5		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	D	Y	Amount
						0	4	0	6
						0	5		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		
To Whom Paid						M	D	Y	Amount