31-B
R.C. 3517.10

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
CITIZENS FOR CARRIER									
To Whom Paid					M	D	Y	Amount	
KATHERINE WILLIARD					0 8	0 1	1 3	500.00	
Address	Purpose								
176 BUTTERNUT PASS	PROFESSIONAL FEES - TREASURER								
City	State	Zip Code	Check Number						
COMMERCIAL POINT	O H	43116	142						
To Whom Paid					M	D	Y	Amount	
HUNTINGTON NATIONAL BANK					0 6	1 5	1 3	2.50	
Address	Purpose								
PO BOX 1558	BANK SERVICE CHARGE								
City	State	Zip Code	Check Number						
COLUMBUS	O H	43216	DEBIT						
To Whom Paid					M	D	Y	Amount	
HUNTINGTON NATIONAL BANK					0 7	1 5	1 3	2.50	
Address	Purpose								
PO BOX 1558	BANK SERVICE CHARGE								
City	State	Zip Code	Check Number						
COLUMBUS	O H	43216	DEBIT						
To Whom Paid					M	D	Y	Amount	
HUNTINGTON NATIONAL BANK					0 8	1 5	1 3	2.50	
Address	Purpose								
PO BOX 1558	BANK SERVICE CHARGE								
City	State	Zip Code	Check Number						
COLUMBUS	O H	43216	DEBIT						
To Whom Paid					M	D	Y	Amount	
HUNTINGTON NATIONAL BANK					0 9	1 5	1 3	2.50	
Address	Purpose								
PO BOX 1558									
City	State	Zip Code	Check Number						
COLUMBUS	O H	43216	DEBIT						
To Whom Paid					M	D	Y	Amount	
HUNTINGTON NATIONAL BANK					1 0	1 5	1 3	2.50	
Address	Purpose								
PO BOX 1558	BANK SERVICE CHARGE								
City	State	Zip Code	Check Number						
COLUMBUS	O H	43216	DEBIT						
To Whom Paid					M	D	Y	Amount	
HUNTINGTON NATIONAL BANK					1 1	1 5	1 3	2.50	
Address	Purpose								
PO BOX 1558	BANK SERVICE CHARGE								
City	State	Zip Code	Check Number						
COLUMBUS	O H	43216	DEBIT						
To Whom Paid					M	D	Y	Amount	
Address	Purpose								
City	State	Zip Code	Check Number						

Page Total $ 515.00