

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Michele Elliott													
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	8	1	5	1	6	3.00
Address 17 South High Street				Purpose statement fee									
City Columbus				State O H		Zip Code 43216		Check Number					
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	8	3	1	1	6	5.00
Address 17 South High Street				Purpose dormant account fee									
City Columbus				State O H		Zip Code 43216		Check Number					
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	9	1	5	1	6	3.00
Address 17 South High Street				Purpose statement fee									
City Columbus				State O H		Zip Code 43216		Check Number					
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	9	3	0	1	6	0.50
Address 17 South High Street				Purpose dormant account 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					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State		Zip Code		Check Number					