

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
						1	1	1	5.00
Address PO Box 1558 EA1W37				Purpose service charge					
City Columbus				State OH	Zip Code 43216	Check Number auto debit			
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