Page 14

Statement of Expenditures

Prescribed by Secretary of State 8/95

Name of Committee in Full Citizens Corunnitlee in Persons With Mental Returdation To Whom Paid United States Treasurer O 2 0 2 0 7 246.00						
To Whom Paid United Styles Treasurer			м 02	0 L	07	Amount 246.00
Address I Dumoro						
City	State () +	les fin 2006 Yes	Categor	ry Code*		
To Whom Paid Chio VCS	Ohio VCS			D	07	Amount 1090.48
812 Huran Rad #890 City Cleveland,	State O H	Zip Code 44115	Categor	ry Code*		
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Catego	ry Code*		
To Whom Paid M D Y Amount						
Address	Purpose					
City	State	Zip Code	Category Code*			
To Whom Paid	<u> </u>		М	D	Y	Amount
Address	Purpose	1 1				
City	State	Zip Code	Category Code*			
To Whom Paid			М	D	Y	Amount
Address	Purpose		1 1	1 1	1 !	
City	State	State Zip Code		Category Code*		
To Whom Paid			M	D	Y	Amount
Address	Purpose			1 !	1 !	
City	State Zip Code		Catego	Category Code*		
	<u> </u>					

Page Total \$ 1<u>336.48</u>







^{*} Please review the instruction page to determine which category code is correct.