31-B
R.C. 3517.10

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 1

Reset Form

Name of Committee in Full: Citizens for Responsible Taxation					
To Whom Paid: Key Bank				M 01 D 30 Y 15	Amount: $3.00
Address: P.O. Box 93885	Purpose: Bank Account Fee				
City: Cleveland	State: OH	Zip Code: 44101		Check Number	
To Whom Paid: Key Bank				M 02 D 27 Y 15	Amount: $3.00
Address: P.O. Box 93885	Purpose: Bank Account Fee				
City: Cleveland	State: OH	Zip Code: 44101		Check Number	
To Whom Paid: Key Bank				M 03 D 31 Y 15	Amount: $3.00
Address: P.O. Box 93885	Purpose: Bank Account Fee				
City: Cleveland	State: OH	Zip Code: 44101		Check Number	
To Whom Paid: Key Bank				M 04 D 30 Y 15	Amount: $3.00
Address: P.O. Box 93885	Purpose: Bank Account Fee				
City: Cleveland	State: OH	Zip Code: 44101		Check Number	
To Whom Paid: Key Bank				M 05 D 29 Y 15	Amount: $3.00
Address: P.O. Box 93885	Purpose: Bank Account Fee				
City: Cleveland	State: OH	Zip Code: 44101		Check Number	
To Whom Paid: Key Bank				M 06 D 30 Y 15	Amount: $3.00
Address: P.O. Box 93885	Purpose: Bank Account Fee				
City: Cleveland	State: OH	Zip Code: 44101		Check Number	
To Whom Paid				M D Y	Amount
Address	Purpose				
City	State: OH	Zip Code		Check Number	
To Whom Paid				M D Y	Amount
Address	Purpose				
City	State: OH	Zip Code		Check Number	

Print Form

Page Total $18.00