31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full: Citizens Committee for Persons with DD						
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: Expenditures from Form 31-F (Community Star Awards)			M: 10	D: 02	Y: 12	Amount: 11,385.18
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			

Page Total $ 11,385.18