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	M	D	Y	Amount
Expenditures from Form 31-F (Community Star Awards)	10	02	18	13,978.39
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 $ 13,978.39