3	1-	В		
R	C.	35	17.	10

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Change in UA								
To Whom Paid -See Attached-			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 N	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 N	Check Number				