

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full CITIZENS FOR ROMNEY									
To Whom Paid AVENAGE JOE'S HILLARD						M	D	Y	Amount
Address 1515 HILLIARD BLVD						8	28	10	600-
Purpose FUNDRAISER FEES									
City COLUMBUS, OH						State OH		Zip Code 43228	Check Number 1001
To Whom Paid PROFORMA						M	D	Y	Amount
Address P.O. Box 640814						8	28	10	124.99
Purpose BUTTONS, SHIRTS									
City CINCINNATI						State OH		Zip Code 45264-0814	Check Number 1002
To Whom Paid SIGN ROCKET						M	D	Y	Amount
Address 340 Broadway Ave									215-
Purpose SIGNS									
City ST PAUL, MN						State MN		Zip Code 55701	Check Number CREDIT CARD
To Whom Paid CUSTOM INK						M	D	Y	Amount
Address 						9	4	10	268.65
Purpose TSHIRTS									
City 						State 		Zip Code 	Check Number CREDIT CARD
To Whom Paid PROFORMA						M	D	Y	Amount
Address P.O. Box 640814						9	21	15	172.02
Purpose BUTTONS									
City CINCINNATI						State OH		Zip Code 45264-0814	Check Number 1003
To Whom Paid EVENTRITE						M	D	Y	Amount
Address 2211 N. FIRST ST.						9	15	15	51.74
Purpose EVENTRITE ONLINE FUNDRAISER FEES									
City SAN JOSE						State CA		Zip Code 95131	Check Number CREDIT CARD
To Whom Paid SIGNLINK.COM						M	D	Y	Amount
Address 						9	21	15	180.68
Purpose 									
City 						State 		Zip Code 	Check Number
To Whom Paid SIGN ROCKET						M	D	Y	Amount
Address 340 Broadway Ave						9	28	15	215.00
Purpose SIGNS									
City ST. PAUL						State MN		Zip Code 55701	Check Number CREDIT CARD

1,828.20

Page Total \$