

AMENDED

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full CITIZENS FOR FAIR TAXATION									
To Whom Paid SONNY CERVONE						M	D	Y	Amount
						11	08	14	\$530.00
Address 4731 DIERKER RD		Purpose REIMBURSE FOR XERO SIGNS							
City COLUMBUS	State OH	Zip Code 43220	Check Number						
To Whom Paid TERRY MCKEE						M	D	Y	Amount
						12	09	14	\$258.00
Address 4500 LANGPORT RD		Purpose REIMBURSE FOR FLIERS							
City COLUMBUS	State OH	Zip Code 43220	Check Number						
To Whom Paid ARLINGTON BANK						M	D	Y	Amount
						10	31	14	\$6.00
Address 2130 TREMONT CENTER		Purpose SERVICE CHG							
City UP. ARLINGTON, OHIO	State	Zip Code	Check Number						
To Whom Paid ARLINGTON BANK						M	D	Y	Amount
						11	28	14	\$6.00
Address 2130 TREMONT CENTER		Purpose SERVICE CHG							
City UP ARLINGTON, OHIO	State OH	Zip Code 43221	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						

\$800.00

Page Total \$ _____