R.C. 3517.10

FOR LATE FILING ONLY

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full								
Citizens for Responsible Taxation								
To Whom Paid				M	D	Y	Amount	
Key Bank				07	29	15	$3.00	
Address	Purpose							
P.O. Box 93885	Bank Account Fee							
City	State	Zip Code	Check Number					
Cleveland	OH	44101						
To Whom Paid				M	D	Y	Amount	
Key Bank				08	31	15	$3.00	
Address	Purpose							
P.O. Box 93885	Bank Account Fee							
City	State	Zip Code	Check Number					
Cleveland	OH	44101						
To Whom Paid				M	D	Y	Amount	
Key Bank				09	30	15	$3.00	
Address	Purpose							
P.O. Box 93885	Bank Account Fee							
City	State	Zip Code	Check Number					
Cleveland	OH	44101						
To Whom Paid				M	D	Y	Amount	
Key Bank				10	31	15	$3.00	
Address	Purpose							
P.O. Box 93885	Bank Account Fee							
City	State	Zip Code	Check Number					
Cleveland	OH	44101						
To Whom Paid				M	D	Y	Amount	
Key Bank				11	30	15	$3.00	
Address	Purpose							
P.O. Box 93885	Bank Account Fee							
City	State	Zip Code	Check Number					
Cleveland	OH	44101						
To Whom Paid				M	D	Y	Amount	
Key Bank				12	30	15	$3.00	
Address	Purpose							
P.O. Box 93885	Bank Account Fee							
City	State	Zip Code	Check Number					
Cleveland	OH	44101						
To Whom Paid				M	D	Y	Amount	
Address	Purpose							
City	State	Zip Code	Check Number					
	OH							
To Whom Paid				M	D	Y	Amount	
Address	Purpose							
City	State	Zip Code	Check Number					
	OH							

$18.00