31-B R.C. 3517.10

## FOR PAPER FILING ONLY Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full				
Citizens For Tavares				
Brittney Crozier (Documentation ordered due to negligence of Treasurer)  M 0 8 2 4 0 6 \$500.00				
Address	Student Scholarship			
City	State OH	Zip Code	Check Number 1110	
To Whom Paid AT&T			M D Y Amount 445.20	
Address	Purpose Phone Service			
City	State OH	Zip Code	Check Number 1111	
To Whom Paid National League of Cities			M D Y Amount \$845.00	
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid US Bank			M D Y Amount 1 0 2 6 0 6 \$38.00	
Address	Purpose Overdraft Fees			
City	State OH	Zip Code	Check Number	
To Whom Paid Documentation ordered due to negligence of Treasurer			M D Y Amount \$500.00	
Address	Purpose			
City	State OH	Zip Code	Check Number 1114	
US Bank			M D Y Amount \$70.36	
Address	Purpose Overdraft Fees			
City	State OH	Zip Code	Check Number	
To Whom Paid US Bank			M D Y Amount 1 2 1 4 0 6 \$90.95	
Address	Purpose Analysis Service Charge			
City	State OH	Zip Code	Check Number	
o Whom Paid US Bank Amount 1 2 2 0 0 6 \$28.00				
Address	Purpose Overdraft Fees			
City	State OH	Zip Code	Check Number	