

# Statement of Expenditures

Prescribed by Secretary of State 8/95

Name of Committee in Full <b>Citizens Committee for Persons with M.R.</b>									
To Whom Paid <b>Ohio Secretary of State</b>						M	D	Y	Amount
						0	2	14	08 25.00
Address				Purpose <b>Renewal of Trade Name</b>					
City <b>Columbus</b>				State <b>0</b>	Zip Code <b>14</b>	Category Code*			
To Whom Paid <b>C.P.M. Services Group, Inc.</b>						M	D	Y	Amount
						0	2	06	08 18,360.00
Address <b>3785 Indianola Ave.</b>				Purpose <b>Mail Services</b>					
City <b>Columbus</b>				State <b>0</b>	Zip Code <b>14</b>	Category Code*			
				State	Zip Code	Category Code*			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Category Code*	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Category Code*	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Category Code*	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Category Code*	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Category Code*	

\* Please review the instruction page to determine which category code is correct.

**\$18,385.**  
Page Total \$ **18,385.**