Statement of Expenditures

Page ____

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Kim Maggard		:	<u>, , , , , , , , , , , , , , , , , , , </u>
To Whom Paid Capitol Citicom			M D N N N N N N N N N N N N N N N N N N
Address 2225 Citygate Drive, Ste. A	Purpose Stickers		
City Columbus	State OH	Zip Code 43219	Check Number 1061
To Whom Paid U.S. Postal Service			M D Y Amount 1 9 1 1 1 \$132.00
Address Port Columbus Station	Stamps	i	
City Columbus	State OH_	Zip Code	Check Number 1062
To Whom Paid		:	M D Y Amount
Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid			M D Y Amount
Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid			M D Y Amount
Address	Purpose		444
City	OH State	Zip Code	Check Number
To Whom Paid			M D Y Amount
Address	Purpose		
City	OH,	Zip Code	Check Number
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Address	Purpose	;	
City	State OH,	Zip Code	Check Number
To Whom Paid			M D Y Amount
Address	Purpose		
City	State OH	Zip Code	Check Number