Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full U A CITIZENS FOR RESPONSIBLE ECC	NOMIC DEVELOPM	FNT		٦
To Whom Paid			M D Y Amount	\dashv
U.S. POSTMASTER			0 7 1 5 1 1 \$6.23	
Address 200 NORTH HIGH STREET	Purpose POSTAGE			
City COLUMBUS	State OH	Zip Code 43215	Check Number 255	
To Whom Paid			M D Y Amount	
Address				4
	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	OH		M. D. V. Amount	
10 WHOM FAIG			M D Y Amount	
Address	Purpose			_
City	State	Zip Code	Check Number	
	ОН			
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			1
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	<u> </u>		M D Y Amount	٦
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid	1	1	M D Y Amount	
Address	Purpose			
City	State OH	Zip Code	Check Number	