

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens For Southwestern City Schools					
To Whom Paid Jerry Billman		M	D	Y	Amount \$25.-
Address 788 Claycross Ct		Purpose Refund of excess cash donation			
City Grove City	State OH	Zip Code 43123	Check Number 937		
To Whom Paid Troy Walton		M	D	Y	Amount \$70.-
Address 40 W Dunedin Rd		Purpose Refund of excess cash donation			
City Columbus	State OH	Zip Code 43214	Check Number 938		
To Whom Paid Michael Royer		M	D	Y	Amount \$8.00
Address 5695 Morningstar Dr		Purpose Refund of excess cash donation			
City Galloway	State OH	Zip Code 43119	Check Number 939		
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			
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			
City	State OH	Zip Code	Check Number		