

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens Committee for Persons with DD									
To Whom Paid David K. Yeager						M	D	Y	Amount
						0	7	2	150.00
Address 3374 Column Drive				Purpose 20 page integrated spreadsheet-2012 semi-annual BOE report					
City Columbus		State O H		Zip Code 43221		Check Number 1388			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
						1	0	0	11,654.96
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount

Page Total \$ 11,804.96