

Statement of Expenditures

Page

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Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RAMSEY							
To Whom Paid PRO FORMA				M 1	D 6	Y 3	Amount 240.26
Address P.O. Box 640814		Purpose DOOR HANGERS					
City CINCINNATI	State OH	Zip Code 43228	Check Number 1006				
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
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

Page Total \$

240.26