

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Hilliard Youth Athletic Boosters Fund</b>									
To Whom Paid <b>Hilliard Youth Lacrosse Association (Check Outstanding)</b>						M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>130.67</b>
Address <b>5648 Seapine Road</b>				Purpose <b>Contribution</b>					
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43026</b>		Check Number <b>1006</b>			
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			