

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full Hilliard Citizens for Progress						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City Cincinnati	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
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City	State OH	Zip Code	Check Number			
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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				
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Address		Purpose				
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Page Total \$0.00