Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for UA Schools				
To Whom Paid Tracy Peters			1 0 1 4 1 3	Amount \$214.91
Address 2039 Collingswood Rd.	Purpose Reimburser	ment - Fastsigns Invoice	245-50653 (Stic	kers)
City Columbus	State OH	Žip Code 43221	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	<u> </u>		M D Y	Amount
Address	Purpose		<u> </u>	
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	<u> </u>		M D Y	Amount
Address	Purpose		1 · · · · · · · · · · · · · · · · · · ·	
City	State OH	Zip Code	Check Number	. *
To Whom Paid	<u> </u>	··	M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid		<u> </u>	M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	