

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Page \_\_\_\_\_

Name of Committee in Full <b>New Albany for Kids</b>									
To Whom Paid <b>McTigue, McGinnis, &amp; Colombo</b>						M <b>01</b>	D <b>28</b>	Y <b>15</b>	Amount <b>92.00</b>
Address <b>545 East Town Street</b>				Purpose <b>Legal Fees</b>					
City <b>New Albany</b>		State <b>OH</b>		Zip Code <b>43054</b>		Check Number <b>654</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			