

# Statement of Expenditures

Prescribed by Secretary of State 2/01

|                                                                            |  |  |  |  |  |                                                                             |   |                          |        |
|----------------------------------------------------------------------------|--|--|--|--|--|-----------------------------------------------------------------------------|---|--------------------------|--------|
| Name of Committee in Full<br><b>Citizens Committee for Persons with DD</b> |  |  |  |  |  |                                                                             |   |                          |        |
| To Whom Paid<br><b>David K. Yeager</b>                                     |  |  |  |  |  | M                                                                           | D | Y                        | Amount |
|                                                                            |  |  |  |  |  | 0                                                                           | 7 | 2                        | 3      |
| Address<br><b>3374 Column Drive</b>                                        |  |  |  |  |  | Purpose<br><b>4 page integrated spreadsheet-2013 semi-annual BOE report</b> |   |                          |        |
| City<br><b>Columbus</b>                                                    |  |  |  |  |  | State<br><b>O   H</b>                                                       |   | Zip Code<br><b>43221</b> |        |
| Check Number<br><b>1394</b>                                                |  |  |  |  |  |                                                                             |   |                          |        |
| To Whom Paid                                                               |  |  |  |  |  | M                                                                           | D | Y                        | Amount |
|                                                                            |  |  |  |  |  |                                                                             |   |                          |        |
| Address                                                                    |  |  |  |  |  | Purpose                                                                     |   |                          |        |
| City                                                                       |  |  |  |  |  | State                                                                       |   | Zip Code                 |        |
|                                                                            |  |  |  |  |  |                                                                             |   |                          |        |
| To Whom Paid<br><b>Expenditures from Form 31-F (Community Star Awards)</b> |  |  |  |  |  | M                                                                           | D | Y                        | Amount |
|                                                                            |  |  |  |  |  | 1                                                                           | 0 | 0                        | 9      |
| 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                                                               |  |  |  |  |  |                                                                             |   |                          |        |