

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full CITIZENS FOR RAMSEY										
To Whom Paid AVENAGE JOE'S HILLARD							M	D	Y	Amount
							8	28	15	600
Address 1515 HILLIARD BLVD				Purpose FUNDRAISER FEES						
City COLUMBUS, OH				State OH		Zip Code 43228		Check Number 1001		
To Whom Paid PROFORMA							M	D	Y	Amount
							8	28	15	124.99
Address P.O. Box 640814				Purpose BUTTONS, SHIRTS						
City CINCINNATI				State OH		Zip Code 45264-0814		Check Number 1002		
To Whom Paid SIGN ROCKET							M	D	Y	Amount
										215
Address 340 Broadway Ave				Purpose SIGNS						
City ST Paul, MN				State MN		Zip Code 55701		Check Number CREDIT CARD		
To Whom Paid CUSTOM INK							M	D	Y	Amount
							9	4	15	268.65
Address				Purpose TSHIRTS						
City				State		Zip Code		Check Number CREDIT CARD		
To Whom Paid PROFORMA							M	D	Y	Amount
							9	21	15	1720.2
Address P.O. Box 640814				Purpose BUTTONS						
City CINCINNATI				State OH		Zip Code 45264-0814		Check Number 1003		
To Whom Paid EVENTRITE							M	D	Y	Amount
							9	15	15	51.74
Address 2211 N. FIRST ST.				Purpose EVENTRITE ONLINE FUNDRAISER FEES						
City SAN JOSE				State CA		Zip Code 95131		Check Number CREDIT CARD		
To Whom Paid SIGNLINK.COM							M	D	Y	Amount
							9	21	15	180.68
Address				Purpose						
City				State		Zip Code		Check Number		
To Whom Paid SIGNROCKET							M	D	Y	Amount
							9	28	15	215.00
Address 340 Broadway Ave				Purpose SIGNS						
City ST. PAUL				State MN		Zip Code 55701		Check Number CREDIT CARD		

1,828.20

Page Total \$