

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full CITIZENS FOR GOOD GOVERNMENT												
To Whom Paid NEW ALBANY COMMUNITY FOUNDATION							M	D	Y	Amount		
Address 220 MARKET STREET, SUITE 205							0	7	2	1	3	32.16
City NEW ALBANY							State OH		Zip Code 43054		Check Number 1003	
Purpose DONATION OF REMAINING FUNDS												
To Whom Paid DORMANT ACCOUNT FEE FIFTH THIRD BANK							M	D	Y	Amount		
Address							0	8	0	1	3	5.00
City							State OH		Zip Code		Check Number	
Purpose												
To Whom Paid							M	D	Y	Amount		
Address												
City							State OH		Zip Code		Check Number	
Purpose												
To Whom Paid							M	D	Y	Amount		
Address												
City							State OH		Zip Code		Check Number	
Purpose												
To Whom Paid							M	D	Y	Amount		
Address												
City							State OH		Zip Code		Check Number	
Purpose												
To Whom Paid							M	D	Y	Amount		
Address												
City							State OH		Zip Code		Check Number	
Purpose												
To Whom Paid							M	D	Y	Amount		
Address												
City							State OH		Zip Code		Check Number	
Purpose												
To Whom Paid							M	D	Y	Amount		
Address												
City							State OH		Zip Code		Check Number	
Purpose												

Page Total \$ **\$0.00**