31-B
R.C. 3517.10

FOR PAPER FILING ONLY
Statement of Expenditures

Prescribed by Secretary of State 2/01

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Reset Form

Name of Committee in Full: Citizens for Responsible Taxation

To Whom Paid	Address	City	State	Zip Code	Purpose	Check Number	Date (M D Y)	Amount
Key Bank	P.O. Box 93885	Cleveland	OH	44101	Bank Account Fee		06 30 14	$3.00
Key Bank	P.O. Box 93885	Cleveland	OH	44101	Bank Account Fee		07 31 14	$3.00
Key Bank	P.O. Box 93885	Cleveland	OH	44101	Bank Account Fee		08 29 14	$3.00
Key Bank	P.O. Box 93885	Cleveland	OH	44101	Bank Account Fee		09 30 14	$3.00
Key Bank	P.O. Box 93885	Cleveland	OH	44101	Bank Account Fee		10 31 14	$3.00
Key Bank	P.O. Box 93885	Cleveland	OH	44101	Bank Account Fee		11 28 14	$3.00
Key Bank	P.O. Box 93885	Cleveland	OH	44101	Bank Account Fee		12 31 14	$3.00
Mary Fontana Lorms	5606 Maleka Court	Columbus	OH	43235	Reimburse campaign supplies, parking and mileage	1008	07 29 14	$176.47

Print Form

Page Total $197.47