Statement of Expenditures

Page _3_

Prescribed by Secretary of State 2/01

Name of Committee in Full TIM LECKLIDER/ CITIZENS TO RE-ELECT LECKLIDER TO Whom Paid OUERNIGHT PRINTS OUERNIGHT PRINTS OUERNIGHT PRINTS			
To Whom Paid NUSD 1116 HT POINTS			M D Y Amount 0828/353.85
Address Purpose			
City	State	NESS CARAS Zip Code 40211	Check Number
City LOUISVILLE To Whom Paid US POSTAL SELVICE Address DUBLIN SHAMPSCK City DUBLIN To Whom Paid	~ /	10711	M D J Amount
Address	Purpose ST Aug		1003113 36.80
City SHAMPSCR	State	MPS Zip Code U3017	Check Number
PUBLIN To Whom Paid	OF	C1301 /	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
<u> </u>			M D Y ₁ Amount
10 Whom Fald			
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	<u> </u>		M D Y Amount
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Address	Purpose		
City	State	Zip Code	Check Number
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