

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Community Partnership for Education									
To Whom Paid Ohio Attorney General						M 1	D 2	Y 1	Amount 200.00
Address electronic				Purpose Charitable Org Registration Statement					
City				State OH	Zip Code		Check Number electronic		
To Whom Paid						M :	D :	Y :	Amount 0.00
Address				Purpose					
City				State :	Zip Code		Check Number		
To Whom Paid						M :	D :	Y :	Amount 0.00
Address				Purpose					
City				State :	Zip Code		Check Number		
To Whom Paid						M :	D :	Y :	Amount 0.00
Address				Purpose					
City				State :	Zip Code		Check Number		
To Whom Paid						M :	D :	Y :	Amount 0.00
Address				Purpose					
City				State :	Zip Code		Check Number		
To Whom Paid						M :	D :	Y :	Amount 0.00
Address				Purpose					
City				State :	Zip Code		Check Number		
To Whom Paid						M :	D :	Y :	Amount 0.00
Address				Purpose					
City				State :	Zip Code		Check Number		
To Whom Paid						M :	D :	Y :	Amount 0.00
Address				Purpose					
City				State :	Zip Code		Check Number		
To Whom Paid						M :	D :	Y :	Amount 0.00
Address				Purpose					
City				State :	Zip Code		Check Number		