

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full NORTHINGTON EDUCATION ASSOCIATION PAC										
To Whom Paid FIFTH THIRD BANK							M	D	Y	Amount 23.99
Address PO BOX 630900				Purpose BANK CHARGE - CHECK ORDER						
City CINCINNATI				State OH	Zip Code 45263		Check Number E-DEBIT			
To Whom Paid							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			
To Whom Paid							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			
To Whom Paid							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			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			