

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Community Partnership For Education</b>							
To Whom Paid <b>PNC</b>				M	D	Y	Amount <b>\$10.00</b>
Address <b>Cemetery Road</b>		Purpose <b>Bank Charge</b>					
City <b>Hilfard</b>		State <b>OH</b>	Zip Code <b>43026</b>	Check Number <b>N/A</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			