

# 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 <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>\$10.00</b>
Address <b>Cemetery Road</b>				Purpose <b>Bank Charge</b>					
City <b>Hillard</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		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State <b>OH</b>	Zip Code		Check Number		