

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Community Partnership For Education							
To Whom Paid Brandy Alford				M	D	Y	Amount \$729.42
				0	5	1	
				7	1	1	
Address 2953 Shady Knoll Lane		Purpose Reimbursement for Cell Phones' Uses & Supplies					
City Hilliard		State OH	Zip Code 43026	Check Number 3017			
To Whom Paid Brandy Alford				M	D	Y	Amount \$5.32
				0	5	1	
				8	1	1	
Address 2953 Shady Knoll Lane		Purpose Reimbursement for Form Design					
City Hilliard		State OH	Zip Code 43026	Check Number 3019			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					

Page Total **\$734.74**