## **Statement of Expenditures**

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Prescribed by Secretary of State 2/01

Name of Committee in Full					
Community Partnership For Educatio	n			:	
To Whom Paid PNC			1 2 0 7 1 0	Amount \$28.35	
Address Cemetery Road	Purpose Bank Sup	Purpose Bank Supplies - Checks			
City Hilliard	State OH	Zip Code 43026	Check Number		
To Whom Paid PNC			$\begin{bmatrix} 1 & 0 & 0 \\ 1 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 1 & 0 \\ 1 & 0 & 1 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 1 & 0 \end{bmatrix}$	Amount \$52.08	
Address Cemetery Road	Purpose Bank Sup	plies- Deposit Slip	os		
City Hilliard	State OH	Zip Code 43221	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid		· · · ·	M D Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	OH ,	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose		7		
City	State OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number		