Page	6	

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Teater for Schools				
To Whom Paid			M D Y	Amount
Andrew Teater	·		100909	30.00
Address	Purpose			
3837 Dayspring Drive	Reimbu	rsement for petition f	ling fee	
City	State	Zip Code	Check Number	
Hilliard	OH	43026	1019	
To Whom Paid			M D Y	Amount
Andrew Teater			1 0 0 9 0 9	244.18
Address	Purpose			
3837 Dayspring Drive	Reimbursement for postage/printing supplies/labels			
City	State	Zip Code	Check Number	3/140013
		43026	1020	
Hilliard	O H	43020	n de la composition della comp	
To Whom Paid			M D Y	Amount
/				
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
10 Manual 1				
Address	Purpose			
Address	ruipose			
			La	
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
	1	•		
To Whom Paid			M D Y	Amount
10 Whom I aid				, anount
			<u> </u>	
Address Purpose				
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
City	1	S.P. 5040		
T. W D. 1				
To Whom Paid M D Y Amount				
Address Purpose				
City	State	Zip Code	Check Number	

Page Total \$	274.18
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