

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Teater for Schools							
To Whom Paid Andrew Teater				M	D	Y	Amount
				1	0	0	30.00
Address 3837 Dayspring Drive		Purpose Reimbursement for petition filing fee					
City Hilliard	State O	Zip Code 43026	Check Number 1019				
To Whom Paid Andrew Teater				M	D	Y	Amount
				1	0	0	244.18
Address 3837 Dayspring Drive		Purpose Reimbursement for postage/printing supplies/labels					
City Hilliard	State O	Zip Code 43026	Check Number 1020				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				