

FOR PAPER FILING ONLY

Statement of Expenditures

Page 2

Prescribed by Secretary of State 2/01

Name of Committee in Full Leadership for Educational Equity - Franklin County PAC									
To Whom Paid Citizens for Ryan Jolley						M	D	Y	Amount
						0	4	2	\$2,500.00
Address 146 - D Granville Street						Purpose Contribution			
City Gahanna						State OH		Zip Code 43230	Check Number wire
To Whom Paid Amalgamated Bank						M	D	Y	Amount
						0	4	2	\$20.00
Address 275 7th Avenue						Purpose Bank Fee			
City New York						State NY		Zip Code 10001	Check Number debit
To Whom Paid Amalgamated Bank						M	D	Y	Amount
						0	5	2	\$15.00
Address 275 7th Avenue						Purpose Bank Fee			
City New York						State NY		Zip Code 10001	Check Number debit
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						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