

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Community Partnership for Education									
To Whom Paid Huntington National Bank						M 1	D 2	Y 1	Amount 2.50
Address PO Box 1588 EA1W37			Purpose Fee						
City Columbus			State OH	Zip Code 43216		Check Number electronic			
To Whom Paid						M .	D .	Y .	Amount 0.00
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M .	D .	Y .	Amount 0.00
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M .	D .	Y .	Amount 0.00
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M .	D .	Y .	Amount 0.00
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M .	D .	Y .	Amount 0.00
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M .	D .	Y .	Amount 0.00
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M .	D .	Y .	Amount 0.00
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M .	D .	Y .	Amount 0.00
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M .	D .	Y .	Amount 0.00
Address			Purpose						
City			State	Zip Code		Check Number			