Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Community Partnership for Educa	ation						
To Whom Paid			М	D	Y	Amount	
Huntington National Bank			1 2	1 5	1 1		2.50
Address PO Box 1588 EA1W37	Purpose Fee						
City	State Zip Code Check Number						
Columbus	OH	electronic					
To Whom Paid			М	٥	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	:		М	D	Y	Amount	0.00
Address	Purpose			<u> </u>	. :		3.23
City	State	Zip Code	Check Number				
To Whom Paid	<u></u>		M	D	Y	Amount	0.00
Address	Purpose						
City	State	Zip Code	Check	Check Number			
To Whom Paid			М	D	Y	Amount	0.00
Address	Purpose	I:	1	1			
City	State	Zip Code	Check Number				
To Whom Paid	ii	<u> </u>	М	D	Y	Amount	0.00
Address	Purpose		`	1 . !			
City	State	Zip Code	Check Number				
To Whom Paid	<u></u>		м	D	Y	Amount	0.00
Address	Purpose						
City	State	Zip Code	Check	Number			
L _{ense} ,							

Page Total \$	2.50
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