

FOR PAPER FILING ONLY

Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full Reynoldsburg Education Assoc.									
To Whom Paid First Svc. Credit Union						M	D	Y	Amount 15.00
Address 160 Main St			Purpose Check Copy Fees						
City Groveport			State OH		Zip Code 43125		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		
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		

Page Total **\$0.00**