31-B R.C. 3517.10

FOR PAPER FILING ONLY Statement of Expenditures

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Prescribed by Secretary of State 2/01

W ro w ren		· · · · · · · · · · · · · · · · · · ·		
Name of Committee in Full Leadership for Educational Equity - Frank	din County	PAC		
To Whom Paid Amalgamated Bank			M D Y 5	Amount \$15.00
Address 275 7th Avenue	Purpose Bank Fees			
City New York	State NY 🔽	Zip Code 10001	Check Number debit	
To Whom Paid Amalgamated Bank			M D Y 1 5	Amount \$20.00
Address 275 7th Avenue	Purpose Bank Fes			
City New York	State NY 🔽	Zip Code 10001	Check Number debit	
To Whom Paid Leadership for Educational Equity			0 4 1 4 1 5	Amount \$206.57
Address 1805 7th Street, NW, 8th Floor	Purpose Reimbursement for Staff Salaries and Benefits			
City Washington	DC State	Zip Code 20001	Check Number Wire	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State OH _.	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Рштроѕе			
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	<u> </u>		M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Аточп
Address	Purpose			
City	State	Zip Code	Check Number	