

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF REYNOLDSBURG SCHOOLS										
To Whom Paid TREASURER, REYNOLDSBURG CITY SCHOOLS							M	D	Y	Amount \$13.53
Address 7244 EAST MAIN ST							Purpose POSTAGE, ABSENTEE MAILINGS			
City REYNOLDSBURG							State OH		Zip Code 43068	
Check Number 1144										
To Whom Paid MERCHANT SERVICE CENTER							M	D	Y	Amount \$40.89
Address P O BOX 6600							Purpose 			
City HAGERSTOWN							State MD		Zip Code 21740	
Check Number DIR CHG										
To Whom Paid FIFTH THIRD BANK							M	D	Y	Amount \$25.00
Address P O BOX 630900							Purpose SERVICE CHARGE			
City CINCINNATI							State OH		Zip Code 45263	
Check Number DIR CHG										
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										