

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full Westerville Education Association PAC for Schools											
To Whom Paid Bank One						M	D	Y	Amount \$8.00		
						1	2	1	4	0	4
Address P.O. Box 260180				Purpose Checking Account Document Fees							
City Baton Rouge				State LA	Zip Code 43081		Check Number Electronic				
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				
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		

Page Total **\$8.00**