

Statement of Expenditures

Prescribed by Secretary of State 8/95

Name of Committee in Full COMMUNITY PARTNERSHIP FOR EDUCATION									
To Whom Paid POSTMASTER						M	D	Y	Amount
						10	14	08	\$ 420.00
Address LEAP ROAD				Purpose POSTAGE					
City HILLIARD				State OH	Zip Code 43026		Category Code*		
To Whom Paid COMPLETE CAMPAIGNS CM						M	D	Y	Amount
						10	22	08	33.50
Address 3635 RUFFIN ROAD				Purpose CREDIT CARD CHARGES for DONATIONS					
City SAN DIEGO				State CA	Zip Code 92123		Category Code*		
To Whom Paid POSTMASTER						M	D	Y	Amount
						08	26	08	205.00
Address LEAP ROAD				Purpose POSTAGE					
City HILLIARD				State OH	Zip Code 43026		Category Code*		
To Whom Paid NATIONAL CITY BANK						M	D	Y	Amount
						09	11	08	2.50
Address CENOTEN ROAD				Purpose BANK CHARGE					
City HILLIARD				State OH	Zip Code 43026		Category Code*		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Category Code*		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Category Code*		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Category Code*		

* Review the instruction page to determine the appropriate category code.

Page Total \$ ~~1220.00~~
\$ 661.00