

# Statement of Expenditures

Prescribed by Secretary of State 2/01

|   |                    |   |                             |  |  |   |   |   |        |
|---|--------------------|---|-----------------------------|--|--|---|---|---|--------|
| Name of Committee in Full<br><b>Community Partnership for Education</b> |                    |   |                             |  |  |   |   |   |        |
| To Whom Paid<br><b>Secretary of State of Ohio</b>                       |                    |   |                             |  |  | M | D | Y | Amount |
|   |                    |   |                             |  |  | 1 | 2 | 2 | 25.00  |
| Address<br><b>180 E. Broad St.</b>                                      |                    | Purpose<br><b>Certification of Continued Existence - Non Profit</b> |                             |  |  |   |   |   |        |
| City<br><b>Columbus</b>   | State<br><b>OH</b> | Zip Code<br><b>43215</b>  | Check Number<br><b>1025</b> |  |  |   |   |   |        |
| To Whom Paid  |                    |   |                             |  |  | M | D | Y | Amount |
|   |                    |   |                             |  |  |   |   |   | 0.00   |
| Address   |                    | Purpose   |                             |  |  |   |   |   |        |
| City  | State              | Zip Code  | Check Number                |  |  |   |   |   |        |
| To Whom Paid  |                    |   |                             |  |  | M | D | Y | Amount |
|   |                    |   |                             |  |  |   |   |   | 0.00   |
| Address   |                    | Purpose   |                             |  |  |   |   |   |        |
| City  | State              | Zip Code  | Check Number                |  |  |   |   |   |        |
| To Whom Paid  |                    |   |                             |  |  | M | D | Y | Amount |
|   |                    |   |                             |  |  |   |   |   | 0.00   |
| Address   |                    | Purpose   |                             |  |  |   |   |   |        |
| City  | State              | Zip Code  | Check Number                |  |  |   |   |   |        |
| To Whom Paid  |                    |   |                             |  |  | M | D | Y | Amount |
|   |                    |   |                             |  |  |   |   |   | 0.00   |
| Address   |                    | Purpose   |                             |  |  |   |   |   |        |
| City  | State              | Zip Code  | Check Number                |  |  |   |   |   |        |
| To Whom Paid  |                    |   |                             |  |  | M | D | Y | Amount |
|   |                    |   |                             |  |  |   |   |   | 0.00   |
| Address   |                    | Purpose   |                             |  |  |   |   |   |        |
| City  | State              | Zip Code  | Check Number                |  |  |   |   |   |        |
| To Whom Paid  |                    |   |                             |  |  | M | D | Y | Amount |
|   |                    |   |                             |  |  |   |   |   | 0.00   |
| Address   |                    | Purpose   |                             |  |  |   |   |   |        |
| City  | State              | Zip Code  | Check Number                |  |  |   |   |   |        |
| To Whom Paid  |                    |   |                             |  |  | M | D | Y | Amount |
|   |                    |   |                             |  |  |   |   |   | 0.00   |
| Address   |                    | Purpose   |                             |  |  |   |   |   |        |
| City  | State              | Zip Code  | Check Number                |  |  |   |   |   |        |
| To Whom Paid  |                    |   |                             |  |  | M | D | Y | Amount |
|   |                    |   |                             |  |  |   |   |   | 0.00   |
| Address   |                    | Purpose   |                             |  |  |   |   |   |        |
| City  | State              | Zip Code  | Check Number                |  |  |   |   |   |        |