

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full												
Citizens For Southwestern City Schools												
To Whom Paid							M	D	Y	Amount		
Two Caterers							0	8	1	1	3	\$1586.25
Address				Purpose								
6800 Schrock Hill Court				Fundraising Event								
City				State	Zip Code		Check Number					
Columbus				OH	43229		934					
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State	Zip Code		Check Number					
				OH								
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State	Zip Code		Check Number					
				OH								
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State	Zip Code		Check Number					
				OH								
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State	Zip Code		Check Number					
				OH								
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State	Zip Code		Check Number					
				OH								
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State	Zip Code		Check Number					
				OH								
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State	Zip Code		Check Number					
				OH								

Page Total \$0.00