

# FOR PAPER FILING ONLY

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Leadership for Educational Equity - Franklin County PAC</b>									
To Whom Paid <b>Amalgamated Bank</b>						M	D	Y	Amount
						0	3	2	0
Address <b>275 7th Avenue</b>						Purpose <b>Bank Fees</b>			
City <b>New York</b>						State <b>NY</b>		Zip Code <b>10001</b>	
						Check Number <b>debit</b>			
To Whom Paid <b>Amalgamated Bank</b>						M	D	Y	Amount
						0	4	1	4
Address <b>275 7th Avenue</b>						Purpose <b>Bank Fees</b>			
City <b>New York</b>						State <b>NY</b>		Zip Code <b>10001</b>	
						Check Number <b>debit</b>			
To Whom Paid <b>Leadership for Educational Equity</b>						M	D	Y	Amount
						0	4	1	4
Address <b>1805 7th Street, NW, 8th Floor</b>						Purpose <b>Payment for Staff Salaries and Benefits</b>			
City <b>Washington</b>						State <b>DC</b>		Zip Code <b>20001</b>	
						Check Number <b>wire</b>			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						OH			