

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 2

Name of Committee in Full Community Partnership For Education									
To Whom Paid Merchant Service Center						M	D	Y	Amount \$10.00
Address P.O. Box 3429						Purpose Processing ACH Transaction Fee			
City Thousand Oaks						State CA		Zip Code 91359	
Check Number Debit									
To Whom Paid Merchant Service Center						M	D	Y	Amount \$65.57
Address P.O. Box 3429						Purpose Processing ACH Transaction Fee			
City Thousand Oaks						State CA		Zip Code 91359	
Check Number Debit									
To Whom Paid Postmaster						M	D	Y	Amount \$2,314.27
Address 3099 E 14th Avenue						Purpose Postage			
City Columbus						State OH		Zip Code 43219	
Check Number 3008									
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									