Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full
Community Partnership For Education

To Whom Paid	M	D	Y	Amount
National City Bank	1 1	0 4	0 9	$10.00

Address	Purpose
Cemetery Road	Bank Charge

City	State	Zip Code	Check Number
Hilliard	OH	43026	N/A

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 $10.00