

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full Comfort For UA Schools										
To Whom Paid Please See Attached							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			
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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			