31-B R.C. 3517.10

Statement of Expenditures

Page		

Prescribed by Secretary of State 2/01

Name of Committee in Full Harris for School Boad				
To Whom Paid Good Schools Committee			M D Y 1 1	Amount \$40.00
	Purpose School Levy	_		
City Dublin	State OH_	Zip Code 43017	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		•	
City .	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	OH ,	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	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	