

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF REYNOLDSBURG SCHOOLS												
To Whom Paid TREASURER, REYNOLDSBURG CITY SCHOOLS						M	D	Y	Amount \$13.53			
						0	4	1	4	1	0	
Address 7244 EAST MAIN ST				Purpose POSTAGE, ABSENTEE MAILINGS								
City REYNOLDSBURG				State OH		Zip Code 43068		Check Number 1144				
To Whom Paid MERCHANT SERVICE CENTER						M	D	Y	Amount \$40.89			
						0	3	3	1	1	0	
Address P O BOX 6600				Purpose								
City HAGERSTOWN				State MD		Zip Code 21740		Check Number DIR CHG				
To Whom Paid FIFTH THIRD BANK						M	D	Y	Amount \$25.00			
						0	1	2	9	1	0	
Address P O BOX 630900				Purpose SERVICE CHARGE								
City CINCINNATI				State OH		Zip Code 45263		Check Number DIR CHG				
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				