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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee					
Our Community Our Schools					
To Whom Paid			Date (MM/DD/YYYY)		Amount
Square			06/25/ ⁻		6.88
Street Address	ldress Purpose				
1455 Market St, Suite 600	Fees for Processing Credit Card				
City	State	Zip Code Check Number			
San Franciso	CA	94	10 N/A		4
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose	ئـــــــ			
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To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount
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To Whom Paid			Date (MM/DD/YYYY) Amount		Amount
Street Address	Purpose				
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