Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full GLASGOW FOR COUNCIL	****					₩	
To Whom Paid MALCOLM M. GLASGOW Address	Purpose			м 1 2	D 1 1	1 5	Amount 339.93
793 LINDENHAVEN ROAD	OUTS	CANDIN	G DEBT				
City GAHANNA	State O	Zip Code	43230	Check 1	Number 0091		
To Whom Paid MALCOLM M. GLASGOW Address	Purpose		1. 	м 0 2	0 1	1 6	Amount 81.06
793 LINDENHAVEN ROAD	CLOSI		HDRAWAL	lo	., ,		
City GAHANNA	State O F	Zip Code	432 30	Check 1	Number NA_		
To Whom Paid				M	D	Y	Amount
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