

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>GLASGOW FOR COUNCIL</b>				
To Whom Paid <b>MALCOLM M. GLASGOW</b>	M	D	Y	Amount <b>339.93</b>
Address <b>793 LINDENHAVEN ROAD</b>	Purpose <b>OUTSTANDING DEBT</b>			
City <b>GAHANNA</b>	State <b>O</b>	Zip Code <b>H 43230</b>	Check Number <b>0091</b>	
To Whom Paid <b>MALCOLM M. GLASGOW</b>	M	D	Y	Amount <b>81.06</b>
Address <b>793 LINDENHAVEN ROAD</b>	Purpose <b>CLOSING WITHDRAWAL</b>			
City <b>GAHANNA</b>	State <b>O</b>	Zip Code <b>H 43230</b>	Check Number <b>NA</b>	
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	State	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	State	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	