



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee GLASGOW FOR COUNCIL				
To Whom Paid MALCOLM M. GLASGOW		Date (MM/DD/YYYY) 02/28/2018		Amount 1000
Street Address 793 LINDENHAVEN ROAD		Purpose OUTSTANDING DEBT/CLOSING WITHDRAWAL		
City GAHANNA	State OH	Zip Code 43230	Check Number NA	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 1000