

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Madison for Bexley City Council									
To Whom Paid Leslie Fulford						M	D	Y	Amount \$472.00
Address Broad St						Purpose reimbursement for SNP ad			
City Bexley						State OH <input checked="" type="checkbox"/>		Zip Code 43209	Check Number 5035
To Whom Paid Tim Madison						M	D	Y	Amount \$1,651.00
Address 2753 Sherwood Rd						Purpose SNP ad Reimbursement			
City Bexley						State OH <input checked="" type="checkbox"/>		Zip Code 43209	Check Number 5037
To Whom Paid OJC						M	D	Y	Amount \$583.00
Address Po Box 30965						Purpose Ad			
City Columbus						State OH <input checked="" type="checkbox"/>		Zip Code 43230	Check Number 5038
To Whom Paid Madison & Rosan						M	D	Y	Amount \$35.64
Address 39East Whittier St						Purpose absentee list reimbursement			
City Columbus						State OH <input checked="" type="checkbox"/>		Zip Code 43206	Check Number 5039
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH <input checked="" type="checkbox"/>		Zip Code 43081	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH <input checked="" type="checkbox"/>		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH <input checked="" type="checkbox"/>		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH <input checked="" type="checkbox"/>		Zip Code	Check Number