

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Motil for City Council						
To Whom Paid Joseph A. Motil			M 0 9	D 0 2	Y 0 9	Amount \$45.00
Address 167 West Cooke Road		Purpose B.O.E. Candidacy Filing Fee (Reimbursement)				
City Columbus	State OH	Zip Code 43214	Check Number 1000			
To Whom Paid Joseph A. Motil			M 1 0	D 0 6	Y 0 9	Amount \$44.28
Address 167 West Cooke Road		Purpose Computer Ink Cartridges (Reimbursement)				
City Columbus	State OH	Zip Code 43214	Check Number 1000			
To Whom Paid Joseph A. Motil			M 1 0	D 1 4	Y 0 9	Amount \$25.00
Address 167 West Cooke Road		Purpose O.E.C. Financial Disclosure Fee (Reimbursement)				
City Columbus	State OH	Zip Code	Check Number 1000			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			