



Statement of Expenditures

Form 31-B R.C. 3517.10

Full Name of Committee				-		
Citizens for a Safer Madison Township						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
The BrockStrong Foundation		11/02/2017 962.20			962.20	
Street Address	Purpose					
7316 Porter Drive	Charitable D)on	ation			
City	State	Zip Code Check Number			ck Number	
Canal Winchester	ОН	43110 0098			98	
To Whom Paid	- <u>-</u>		Date (MM/DD/YYYY)		Amount	
Street Address	Purpose				<u> </u>	
City	State	Zip	ip Code Check Number			
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To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose		<u> </u>		L	
City	State	Zip	p Code Check Number		eck Number	
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Street Address	Purpose					
City	State	Zip Code Check Number		eck Number		
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