Statement of Expenditures

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT NORM BRUSK				
To Whom Paid FRANKLIN COUNTY BOARD OF ELECTIONS		M D Y Amount 0 2 0 4 1 5 \$45.00		
Address 1700 MORSE ROAD	Purpose FILING FEE			
City COLUMBUS	State OH	Zip Code 43229	Check Number	
To Whom Paid SIGNARAMA			M D Y Amount S723.48	
Address 6253 E. MAIN STREET	Purpose CAMPAIGN SIGNS / VEHICLE MAGNETS			
City COLUMBUS	State OH	Zip Code 43213	Check Number 001	
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	OH.	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose		<u> </u>	
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	