

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page

3

Name of Committee in Full Madison for Bexley City Council				
To Whom Paid pay pal expenses	M	D	Y	Amount \$15.45
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	
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	
To Whom Paid	M	D	Y	Amount