

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Bryan Shoemaker Committee For Honesty, Integrity</b>									
To Whom Paid <b>Groveport Madison Local Schools</b>						M	D	Y	Amount
						0	4	0	84.34
Address <b>4475 S Hamilton Rd.</b>				Purpose <b>Donation to Athletic Department</b>					
City <b>Groveport</b>				State <b>O</b>	Zip Code <b>H 43125</b>	Check Number <b>Cash</b>			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount