

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Harmon for Columbus City Council									
To Whom Paid Columbus Fire Department						M	D	Y	Amount
						0	4	1	9
						0	5		30.00
Address 260 N. Fourth Street				Purpose Contribution - Fire Museum					
City Columbus		State O H		Zip Code 43215		Check Number 2003			
To Whom Paid U.S. Postmaster						M	D	Y	Amount
						0	3	1	6
						0	5		2,000.00
Address 850 Twin Rivers Dr.				Purpose Postage					
City Columbus		State O H		Zip Code 43215		Check Number 2009			
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			