Statement of Expenditures



Prescribed by Secretary of State 2/01

Name of Committee in Full DAVISSON FOR MAYOR To Whom Paid M D Y Amount						
Malan as, mad 13 assid			Ø/	29) D	70.00
3700 South High St.	Purpose Bank	account fe	255	/24 /28	2/3 6/32	24 3/3/4/3
Columbns	O I-	Zip Code 43 20 7	Check 1	Number	, ,	
HUSTED FOR OHIO			OB		10	250.00
Address	Purpose					
City	State	Zip Code	Check	Number		
DEWINE FOR OHIO			O 3	31	10	Amount 375.28
Address	Purpose		•	•		,
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City	State	Zip Code	Check Number			
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City	State	Zip Code	Check	Check Number		