Statement of Expenditures

	3	
Page	0	

Prescribed by Secretary of State 2/01

Name of Committee in Full Motil for City Council								
To Whom Paid			М	D	Y	Amount		
Address	Purpose	Purpose						
Сіту	State OH	Zip Code	Check Number					
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		М	D	γ.	Amount		
Address	Purpose							
City	State OH	Zip Code	Check Number			A. W. S.		
To Whom Paid			М	D	Y	Amount		
Address	Purpose			1		• · · · · · · · · · · · · · · · · · · ·		
City	State OH_	Zip Code	Check Number			A A		
To Whom Paid			М	D	Y	Amount		
Address	Purpose			1	<u> </u>			
City	State OH	Zip Code	Check Number			Week.		
To Whom Paid			M	D	Y	Amount		
Address	Purpose		• ·		,	•		
City	State OH	Zip Code	Check Number			and the second		
To Whom Paid			М	D,	Y	Amount		
Address	Purpose		•			•		
City	State OH	Zip Code	Check Number					
To Whom Paid			М	D	Y	Amount		
Address	Purpose		•		,			
City	State OH	Zip Code	Check Number			Section 4		
To Whom Paid			M	D	Y	Amount		
Address	Purpose							
City	State OH	Zip Code	Check 3	Check Number				