



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
McGregor for Council						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Nancy McGregor			12/06/2019		750.00	
Street Address	Purpose					
180 Academy Court	repay can	repay campaign debt partially				
City	State	Zip	Check Number		eck Number	
Gahanna	ОН	432	13230 0091		91	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	Purpose				
City	State	State Zip Code		Check Number		
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip Code		Check Number		
	ОН					
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)	1	Amount	
Street Address	Purpose	ourpose Turpose				
City	State	Zip	Zip Code		Check Number	
	ОН					
To Whom Paid	<u>- </u>		Date (MM/DD/YYYY)	<u>. </u>	Amount	
Street Address	Purpose	Purpose				
City	State Zip Code		ode Check Number			
	ОН				i	

Page Total \$_	750.00
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