

## **Statement of Expenditures**

Form 31-B

R.C. 3517.10

II Name of Committee						
ect Jon Parker-Jones			. (41)4(DD00000)		Amount	
Whom Paid			Date (MM/DD/YYYY) 09/10/2019			
aples				10/2010	70.0	
reet Address	Purpose					
339 Trueman Blvd	Office Supp	Office Supplies				
	State	State Zip Code OH 43026		1	Check Number Credit Card	
ty	ОН			Cre		
illiard		Da	ate (MM/DD/YYYY)		Amount	
Whom Paid				13/2019	110.00	
IS Post Office	[S					
treet Address		Purpose				
000 Leap Rd.	Postage	1=: =		Ch	eck Number	
ity	State	Zip Co		1	edit Card	
Hilliard	ОН	4302				
		C	Date (MM/DD/YYYY			
o Whom Paid Friends of Stasi Trout			09	/19/2019	75.00	
-riends of Stasi Flour	Purpose					
Street Address		Festival Registration Reimbursement				
4430 Landmark Ln.					Check Number	
City		OH 43026 Cash		ash		
Hilliard	Он			Amount		
To Whom Paid			Date (MM/DD/YYY)	1) n/11/201	9 1,064.71	
Minuteman Press				0/11/201	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Purpose					
Street Address 4874 Blazer Parkway	Printing					
	State	Zip (	Code	j i	Check Number	
City	ОН	430	)17	10	Credit Card	
Dublin			Date (MM/DD/YY)	Υ)	Amount	
To Whom Paid				10/11/20	19 165.00	
US Post Office						
Street Address	Purpose					
4000 Leap Rd.	Stamps			— т	Check Number	
City	State		Code		Credit Card	
Oity	ОН	43	1026	1	Ciedit Cara	

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Dane	Total \$
ray	3 Total 4