



Statement of Expenditures

Form 31-B

R.C. 3517.10

|                                                          |                    |                                        |                                   |  |
|----------------------------------------------------------|--------------------|----------------------------------------|-----------------------------------|--|
| Full Name of Committee<br><b>Friends of Sarah Ackman</b> |                    |                                        |                                   |  |
| To Whom Paid<br><b>Franklin County Board Elections</b>   |                    | Date (MM/DD/YYYY)<br><b>10/18/2019</b> | Amount<br><b>\$0.45</b>           |  |
| Street Address<br><b>1700 Morse Road</b>                 |                    | Purpose                                |                                   |  |
| City<br><b>Columbus</b>                                  | State<br><b>OH</b> | Zip Code<br><b>43229</b>               | Check Number<br><b>cash</b>       |  |
| To Whom Paid<br><b>Stolz - Mead Global</b>               |                    | Date (MM/DD/YYYY)<br><b>11/16/2019</b> | Amount<br><b>\$534.12</b>         |  |
| Street Address<br><b>2740 Airport Dr. Suite 170</b>      |                    | Purpose<br><b>Campaign Literature</b>  |                                   |  |
| City<br><b>Columbus</b>                                  | State<br><b>OH</b> | Zip Code<br><b>43219</b>               | Check Number<br><b>Debit Card</b> |  |
| To Whom Paid<br><b>USPS</b>                              |                    | Date (MM/DD/YYYY)<br><b>10/23/2019</b> | Amount<br><b>\$22.00</b>          |  |
| Street Address<br><b>2935 E. Main St.</b>                |                    | Purpose<br><b>Postage Stamps</b>       |                                   |  |
| City<br><b>Bexley</b>                                    | State<br><b>OH</b> | Zip Code<br><b>43209</b>               | Check Number<br><b>Debit Card</b> |  |
| To Whom Paid                                             |                    | Date (MM/DD/YYYY)                      | Amount                            |  |
| Street Address                                           |                    | Purpose                                |                                   |  |
| City                                                     | State<br><b>OH</b> | Zip Code                               | Check Number                      |  |
| To Whom Paid                                             |                    | Date (MM/DD/YYYY)                      | Amount                            |  |
| Street Address                                           |                    | Purpose                                |                                   |  |
| City                                                     | State<br><b>OH</b> | Zip Code                               | Check Number                      |  |

Page Total \$ **556.57**