



# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> BOARD OF EDUCATION CSD KIMBERLEY MASON - CANDIDATE				
To Whom Paid ADAM PARSONS		Date (MM/DD/YYYY) 05/24/2019		Amount 100.00
Street Address 691 FREBIS AVE		Purpose DONATION		
City COLUMBUS	State OH	Zip Code 43206	Check Number 1002	
To Whom Paid OFFICE DEPOT/OFFICE MAX		Date (MM/DD/YYYY) 06/27/2019		Amount 63.40
Street Address 1872 HILLIARD ROME RD		Purpose ADVERTISING		
City COLUMBUS	State OH	Zip Code 43206	Check Number CREDIT CARD	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 163.40