



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Kevin J Cavener for Trustee			
To Whom Paid USPS		Date (MM/DD/YYYY)	Amount 98.00
Street Address 246 Lincoln Cir		Purpose Postal Stamps	
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43430	Check Number VISA
To Whom Paid Signatures Mill Stone Tavern		Date (MM/DD/YYYY)	Amount 118.38
Street Address 94 Mill St		Purpose Fund Raiser	
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43430	Check Number VISA
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number

Page Total \$ 216.38