



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Citizens for Quality Schools						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Support Ohio Schools			02/08/2018		5,000.00	
Street Address Purpose						
8050 N. High Street Suite 190	Consultant					
City	State Zip Code Check Number					
Columbus	он	432	235	Cashier Check		
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Your Custom Graphics LLC			03/01/2018 1437.50			
Street Address	Purpose					
4085 Williams Rd	T-Shirts					
City	State	Zip	Code Check Number		ck Number	
Groveport	он	431	125 Cashier Check		shier Check	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Fireball Press			03/06/2018 364.38			
Street Address	Purpose					
27 E. 5th Ave	Color Copies for Literature Drop					
City	State	Zip Code Check Number				
Columbus	ОН	432	Cashier Check		shier Check	
To Whom Paid			Date (MM/DD/YYYY) A		Amount	
Michelle Zugaro			03/06/2018 123.21			
Street Address	Purpose					
	Reimburse t	or S	Supplies Purchased			
City	State	Zip	Code	Che	ck Number	
	он			Cas	shier Check	
To Whom Paid	<u></u>		Date (MM/DD/YYYY)		Amount	
Your Custom Graphics LLC			03/21/2018 1695.00			
Street Address	Purpose					
4085 Williams Rd	Levy Signs invoice 1170					
City	State	Zip Code Check Number				
Groveport	он	43125 Cashier Check		shier Check		

Page Total	\$ <mark>8,620.09</mark>