



# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF WALLEY OBERT			
To Whom Paid LAZ PARKING		Date (MM/DD/YYYY) 12/16/2019	Amount \$3.00
Street Address		Purpose Parking	
City Columbus	State OH	Zip Code	Check Number Debit 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
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 3.00