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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
STEPP FOR HILLIARD			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address 211 5 52		10/21/2019	650
Street Address 211 5 5 k	Purpose		
R 15 N 4 STREET	CONT	CIBUTION	
	State	Zip Code	Check Number
Cownbus	OH CH	43215	1015
To Whom Paid		Date (MM/DD/YYYY)	Amount
FRANKLIN COUNTY REPUBLICAN PART	74	10 21 2019	1000
Street Address	Purpose		
15 N 4" 5705ET	CONTR	LIBUTION	
City	State	Zip Code	Check Number
COWMBUS	ОН	43215	1016
To Whom Paid		Date (MM/DD/YYYY)	Amount
KEEP HILLIARD BRUTFUL Street Address		11/05/2019	800
Street Address	Purpose		
4681 PRESTIGE LANE	CONT	210070~	
City	State	Zip Code	Check Number
HIW ARD	он	43026	1017
To Whom Paid		Date (MM/DD/YYYY)	Amount 90
Boisby STEPP		12/65/2019	1234) 90
Street Address	Purpose		
4609 HUNTWICKE DR	WAN	PAYMENT	
City	State	PAYMONT Zip Code	Check Number
HILLIARD	он	43026	TRANSFER OF FUN
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		L
City	State	Zip Code	Check Number
	он		
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