



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Cathy DeRosa			
To Whom Paid VistaPrint		Date (MM/DD/YYYY) 10/27/2017	Amount 260.65
Street Address 95 Hayden Ave		Purpose Promotional Materials	
City Lexington	State MA	Zip Code 02421	Check Number card
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 11/15/2017	Amount 3.00
Street Address 6655 Avery-Muirfield Rd		Purpose Statement fee	
City Dublin	State OH	Zip Code 43017	Check Number bank debit
To Whom Paid Walgreens		Date (MM/DD/YYYY) 11/06/2017	Amount 20.63
Street Address 6805 Hospital Dr		Purpose Promotional Materials	
City Dublin	State OH	Zip Code 43016	Check Number card
To Whom Paid Staples		Date (MM/DD/YYYY) 11/02/2017	Amount 6.45
Street Address 3680 West Dublin-Granville Rd		Purpose Writing materials	
City Columbus	State OH	Zip Code 43235	Check Number card
To Whom Paid US Post Office		Date (MM/DD/YYYY) 11/02/2017	Amount 10.20
Street Address 715 Shawan Falls Dr		Purpose stamps	
City Dublin	State OH	Zip Code 43017	Check Number card

Page Total \$ 300.93