



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>FRIENDS 4 MCGRAW</i>				
To Whom Paid <i>Reynoldsburg Youth Human Trafficking Coalition</i>		Date (MM/DD/YYYY) <i>01/30/2019</i>	Amount <i>4.77</i>	
Street Address <i>6699 E. Livingstone Ave</i>		Purpose <i>After School Program</i>		
City <i>Reynoldsburg</i>	State <i>OH</i>	Zip Code <i>43068</i>	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	

Page Total \$ *4.77*