



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of McGivern				
To Whom Paid DeWine Husted for Ohio		Date (MM/DD/YYYY) 08/28/2018		Amount \$500.00
Street Address 2587 Conley Rd.		Purpose contribution		
City Cedarville	State OH	Zip Code 45314	Check Number 1021	
To Whom Paid Friends of Faber		Date (MM/DD/YYYY) 09/07/2018		Amount \$500.00
Street Address 7706 St. Rt. 703		Purpose contribution		
City Celina	State OH	Zip Code 45822	Check Number 1022	
To Whom Paid Friends for Michele Reynolds		Date (MM/DD/YYYY) 10/24/2018		Amount \$100.00
Street Address 865 Macon Alley		Purpose contribution		
City Columbus	State OH	Zip Code 43206	Check Number 1023	
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 \$ 1,100.00