



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Teater for Hilliard			
To Whom Paid Andrew Teater		Date (MM/DD/YYYY) 12/08/2017	Amount \$2,248.80
Street Address 3837 Dayspring Drive		Purpose Reimbursement for direct mail	
City Hilliard	State OH	Zip Code 43026	Check Number 1011
To Whom Paid Andrew Teater		Date (MM/DD/YYYY) 12/08/2017	Amount \$190.00
Street Address 3837 Dayspring Drive		Purpose Reimbursement for postcards	
City Hilliard	State OH	Zip Code 43026	Check Number 1012
To Whom Paid Andrew Teater		Date (MM/DD/YYYY) 12/08/2017	Amount \$19.80
Street Address 3837 Dayspring Drive		Purpose Reimbursement for postage	
City Hilliard	State OH	Zip Code 43026	Check Number 1013
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 \$ 2,458.60