



Statement of Expenditures

Form 31-B

R.C. 3517.10

| Full Name of Committee | | | | |
|------------------------|-------------------------------|-----------------------------|-------------------|-------------|
| McGregor for Council | | | | |
| To Whom Paid | | Date (MM/DD/Y | YY) Amount | |
| Nancy McGregor | | | 12/06/2019 750.00 | |
| Street Address | Purpose | | | |
| 180 Academy Court | repay campaign debt partially | | | |
| City | State | State Zip Code Check Number | | |
| Gahanna | ОН | 43230 0091 | | |
| To Whom Paid | | Date (MM/DD/Y | YY) Amount | |
| Street Address | Purpose | | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/Y | (YY) Amount | |
| Street Address | Purpose | | | |
| City | State | State Zip Code Check Number | | |
| | ОН | | | |
| To Whom Paid | | Date (MM/DD/Y | (YY) Amount | |
| Street Address | Purpose | | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/Y | YYY) Amount | |
| Street Address | Purpose | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| | | | | |

| Page Total \$ | 750.00 | |
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