



# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of McGivern			
To Whom Paid Kelly McGivern		Date (MM/DD/YYYY) 11/29/2017	Amount \$137.77
Street Address 3257 Northampton Drive		Purpose Reimbursement for envelopes and stamps	
City Hilliard	State OH	Zip Code 43026	Check Number 1019
To Whom Paid Capitol Strategies Group		Date (MM/DD/YYYY) 11/29/2017	Amount \$9,093.18
Street Address 37 West Broad Street, Suite 405		Purpose Literature, mailings and postage	
City Columbus	State OH	Zip Code 43215	Check Number 1020
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
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 \$ 9,230.95