## **Statement of Expenditures**



Prescribed by Secretary of State 2/01

Name of Committee in Full						
Name of Committee in Full  M=GRADY FOR REYNOLDSBURG COUNCIL-AT-LARGE  To Whom Paid  City Columbus  To Whom Paid  EXPENDITURES FROM FORM 31-F  Address  Purpose  VEBSITE DESIGN  Check Number  Check Number  Appendix Form FORM 31-F  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose  Purpose						
ROB BERRY ART & DE	ERRY ART & DESIGN			0 8 1 1 09 500,00		
1351 MILLER AVE	WEBSITE DESIGN					
ColumBus	State OH	Zip Code 43206	Check N	umber		
TO Whom Paid EXPENDITURES FROM	FORM	31-7	<sup>M</sup> 0	16	<i>0</i> 9	Amount *835, 30
Address /	Purpose					
City	State OH	Zip Code	Check N	umber		
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D:	Y	Amount
Address	Purpose			S		
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D:	Y	Amount
ddress Purpose						
City	OH State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose		_	i		
City	State OH	Zip Code	Check Number			MENTAL SECTION OF THE
To Whom Paid			M:	D	Y	Amount
Address	Purpose		<u> </u>	·		
City	State OH	Zip Code	Check Number			
To Whom Paid			M:	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check N	Check Number		

# 1335.30 Page Total