



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

|  |                                      |   |                       |
|--|--------------------------------------|---|-----------------------|
| <b>Full Name of Committee</b><br>Friends of Beth Kowalczyk |                                      |   |                       |
| To Whom Paid<br>Ethics Commission State of Ohio            |                                      | Date (MM/DD/YYYY)<br>10/08/17             | Amount<br>35.00       |
| Street Address<br>30 W Spring Street                       |                                      | Purpose<br>2016 Financial Disclosure Fees |                       |
| City<br>Columbus   | State<br>OH <input type="checkbox"/> | Zip Code<br>43215                         | Check Number<br>Debit |
| To Whom Paid<br>Beth Kowalczyk                             |                                      | Date (MM/DD/YYYY)<br>10/18/17             | Amount<br>16.00       |
| Street Address<br>203 W Selby Blvd                         |                                      | Purpose<br>Animoto Video Reimbursement    |                       |
| City<br>Worthington  | State<br>OH <input type="checkbox"/> | Zip Code<br>43085                         | Check Number<br>1004  |
| To Whom Paid   |                                      | Date (MM/DD/YYYY)                         | Amount                |
| Street Address   |                                      | Purpose                                   |                       |
| City   | State<br>OH <input type="checkbox"/> | Zip Code                                  | Check Number          |
| To Whom Paid   |                                      | Date (MM/DD/YYYY)                         | Amount                |
| Street Address   |                                      | Purpose                                   |                       |
| City   | State<br>CA <input type="checkbox"/> | Zip Code                                  | Check Number          |
| To Whom Paid   |                                      | Date (MM/DD/YYYY)                         | Amount                |
| Street Address   |                                      | Purpose                                   |                       |
| City   | State<br>OH <input type="checkbox"/> | Zip Code                                  | Check Number          |

Page Total \$ 51.00