



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

|  |             |   |                                 |                   |
|--|-------------|---|---------------------------------|-------------------|
| <b>Full Name of Committee</b><br>Reelect Lisa Whiting for Hilliard Schools |             |   |                                 |                   |
| To Whom Paid<br>Grandad's Pizza  |             | Date (MM/DD/YYYY)<br>11/07/2017                               |                                 | Amount<br>\$33.49 |
| Street Address<br>4093 Trueman Blvd  |             | Purpose<br>Campaign night expenses                            |                                 |                   |
| City<br>Hilliard   | State<br>OH | Zip Code<br>43026   | Check Number<br>CC              |                   |
| To Whom Paid<br>US Bank  |             | Date (MM/DD/YYYY)<br>12/01/2018                               |                                 | Amount<br>25.11   |
| Street Address<br>2511 Hilliard Rome Rd                                    |             | Purpose<br>Bank fees  |                                 |                   |
| City<br>Hilliard   | State<br>OH | Zip Code<br>43026   | Check Number<br>Auto-deductions |                   |
| To Whom Paid<br>Hilliard Education Foundation                              |             | Date (MM/DD/YYYY)<br>1/29/2019                                |                                 | Amount<br>577.34  |
| Street Address<br>5323 Cemetery Road                                       |             | Purpose<br>Charitable Donation - closeout of campaign account |                                 |                   |
| City<br>Hilliard   | State<br>OH | Zip Code<br>43026   | Check Number<br>CC              |                   |
| To Whom Paid   |             | Date (MM/DD/YYYY)   |                                 | Amount            |
| Street Address   |             | Purpose   |                                 |                   |
| City   | State<br>OH | Zip Code  | Check Number                    |                   |
| To Whom Paid   |             | Date (MM/DD/YYYY)   |                                 | Amount            |
| Street Address   |             | Purpose   |                                 |                   |
| City   | State<br>OH | Zip Code  | Check Number                    |                   |

Page Total \$ 635.94