

## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
Committee Supporting Grouport Madison Schools			
To Whom Paid			
Kroger Street Address		11/5/201	9 804,35
Street Address	Purpose		
6011 Groveport nd	Foo	o d	
Olly	State	Zip Code	Check Number
Ceroveport	ОН	43125	debit card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Curt Broson Street Address		11/5/2019	Amount \$55,00
Street Address	Purpose		
474 Fallon Ln.	540	imps	
City	State	Zip Code	Check Number
City Canal Winchester	ОН	43110	5110
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
	он		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
GII GGI NG AN			
City	State	Zip Code	Check Number
	он		
To Whom Paid	<del></del>	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State	Zip Code	Check Number
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	ОН		

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