

## Page 8

## **Statement of Expenditures**

Form 31-E

R.C. 3517.10

F. II Name of Oams 44-						
Full Name of Committee						
Gahanna Residents Improving Tomorrow						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
USPS			04/17/2019		1,060.25	
Street Address	Purpose					
2323 Citygate Dr	Postage					
City	State	Zip Code Check Number			ck Number	
Columbus	ОН	43219 94				
To Whom Paid			Date (MM/DD/YYYY) Amount			
Carrin Wester			04/17/2019		25.00	
Street Address	Purpose					
1132 Riva Ridge Blvd	Reimbursement - advertising					
City	State	Zip (	Zip Code Check Numl		ck Number	
Gahanna	он	432	13230		n/a	
To Whom Paid	<u></u>	·	Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip Code		Che	Check Number	
	ОН					
To Whom Paid	t		Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip	Code	Che	eck Number	
	ОН					
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State Zip Code		Code	Check Number		
	ОН					

Page Total \$	1,085.25	