



# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Educate UA			
To Whom Paid First Merchants Bank		Date (MM/DD/YYYY) 09/19/2017	Amount 9.99
Street Address 3650 Olentangy River Road Suite 100		Purpose Checks	
City Columbus	State OH	Zip Code 43214	Check Number auto withdrawal
To Whom Paid UA CART		Date (MM/DD/YYYY) 09/25/2017	Amount 524.98
Street Address 4782 Dierker Road		Purpose Donation	
City Upper Arlington	State OH	Zip Code 43220	Check Number 381619 (Bank)
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 534.97