



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Merisa Bowers			
To Whom Paid Absolute Post Productions, Inc.		Date (MM/DD/YYYY) 10/09/2019	Amount 150.00
Street Address 207 Schneider St. S.E.		Purpose Video editing	
City North Canton	State OH	Zip Code 44720	Check Number check # 27610
To Whom Paid Kroger		Date (MM/DD/YYYY) 10/10/2019	Amount 33.81
Street Address 300 South Hamilton Road		Purpose Mailing labels	
City Gahanna	State OH	Zip Code 43230	Check Number FOMB debit card
To Whom Paid USPS		Date (MM/DD/YYYY) 10/10/2019	Amount 70.00
Street Address 246 Lincoln Circle Suite H		Purpose postage	
City Gahanna	State OH	Zip Code 43230	Check Number FOMB debit card
To Whom Paid USPS		Date (MM/DD/YYYY) 10/15/2019	Amount 72.40
Street Address 246 Lincoln Circle Suite H		Purpose postage	
City Gahanna	State OH	Zip Code 43230	Check Number FOMB debit card
To Whom Paid Compass Point Coaching		Date (MM/DD/YYYY) 09/27/2019	Amount 150.00
Street Address 2015 Arlington Avenue		Purpose Professional development	
City Columbus	State OH	Zip Code 43212	Check Number FOMB debit card

Page Total \$ **476.21**