



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee BRENDAN KING FOR VA COUNCIL			
To Whom Paid HERB GILLEN AGENCY		Date (MM/DD/YYYY) 08/31/2018	Amount \$17.45
Street Address 1953 SOUTH MALLWAY DR.		Purpose WEBSITE	
City COLUMBUS	State OH	Zip Code 43221	Check Number 523827
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
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 \$ 17.45