



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends of Hamilton Township</i>				
To Whom Paid <i>Garrett Direct</i>		Date (MM/DD/YYYY) <i>05-22-2019</i>	Amount <i>\$736.16</i>	
Street Address <i>4135 S Section Line</i>		Purpose <i>Direct mailing</i>		
City <i>Delaware</i>	State OH	Zip Code <i>43015</i>	Check Number <i>1003</i>	
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 \$ *\$736.16*