



**Statement of Expenditures**

**Form 31-B**

R.C. 3517.10

|  |             |  |                   |                  |
|--|-------------|--|-------------------|------------------|
| <b>Full Name of Committee</b><br>Neighbors for Barga |             |  |                   |                  |
| To Whom Paid<br>Robert M. Barga                      |             | Date (MM/DD/YYYY)<br>06/18/2019                |                   | Amount<br>500.00 |
| Street Address<br>1589 Stouder Dr                    |             | Purpose<br>Refund due to improper contribution |                   |                  |
| City<br>Reynoldsburg                                 | State<br>OH | Zip Code<br>43068                              | Check Number<br>- |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)                              |                   | Amount           |
| Street Address                                       |             | Purpose  |                   |                  |
| City   | State<br>OH | Zip Code                                       | Check Number      |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)                              |                   | Amount           |
| Street Address                                       |             | Purpose  |                   |                  |
| City   | State<br>OH | Zip Code                                       | Check Number      |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)                              |                   | Amount           |
| Street Address                                       |             | Purpose  |                   |                  |
| City   | State<br>OH | Zip Code                                       | Check Number      |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)                              |                   | Amount           |
| Street Address                                       |             | Purpose  |                   |                  |
| City   | State<br>OH | Zip Code                                       | Check Number      |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)                              |                   | Amount           |
| Street Address                                       |             | Purpose  |                   |                  |
| City   | State<br>OH | Zip Code                                       | Check Number      |                  |

Page Total \$ 500.00