



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Schregardus			
To Whom Paid Print for Progress		Date (MM/DD/YYYY) 10/16/2017	Amount 470.78
Street Address 249 N. 5th St., Ste. 360		Purpose yard signs	
City Columbus	State OH	Zip Code 43215	Check Number debit
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 10/09/2017	Amount 35.00
Street Address 30 West Spring Street L3		Purpose 2016 Financial Disclosure Fees	
City Columbus	State OH	Zip Code 43215	Check Number debit
To Whom Paid Total Expenditures from Form 31-F		Date (MM/DD/YYYY) 06/22/2017	Amount 726.92
Street Address		Purpose facility, food and drink for fundraiser	
City	State OH	Zip Code	Check Number debit
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 \$ 1232.70