



Statement of Expenditures

Form 31-B

R,C. 3517.10

Bill Lyons 12/12/2018 16.60 Street Address Purpose 245 Walhalla Rd Invisible Hand mailers City State Zip Code Check Number Columbus OH 43202 159 To Whom Paid Date (MM/DD/YYYY) Amount Street Address Purpose Check Number City State Zip Code Check Number To Whom Paid Date (MM/DD/YYYY) Amount Street Address Purpose City State Zip Code Check Number City State Zip Code Check Number	Full Name of Committee						
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