

310

Statement of Expenditures

Form 31-B

R.C. 3517.10

| Full Name of Committee | | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|-------------------|--------------|
| To Whom Paid To Whom Paid | | | | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| PHC BANK | | | 03-14-19 | 9,99 |
| Street Address | Purpose | | | |
| 3735 South High Stiert | checks | | | |
| City | State Zip Code Check Number | | | |
| Colymbus | он | | 43707 | TRANSFIR |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| m. A. D. Graphics | | | 04-22-19 | 675.00 |
| Street Address | Purpose | | | |
| M.A.D. Graphics Street Address 4/290 Grave port Rd City | State Zip Code Check Number | | | |
| City | State | Zip | Code | Check Number |
| OBetz | ОН | į | 13707 | 1001 |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| | | | | |
| Street Address | Purpose | | | |
| | | | | |
| City | State | Zip Code Check Number | | |
| | ОН | | | |
| To Whom Paid | - | _ | Date (MM/DD/YYYY) | Amount |
| | | | | |
| Street Address | Purpose | | | |
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| City | State | Zip | Code | Check Number |
| | ОН | | | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| | | | | |
| Street Address | Purpose | | | |
| | | | | |
| City | State | Zip | Code | Check Number |
| | ОН | | | |

Page Total \$ 684,99