



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Jadwin for Gahanna			
To Whom Paid Stripe		Date (MM/DD/YYYY) 04/26/2019	Amount 12.20
Street Address 510 Townsend St.		Purpose fee-online donation	
City San Francisco	State OH	Zip Code 94103	Check Number
To Whom Paid Stripe		Date (MM/DD/YYYY) 05/03/2019	Amount 3.20
Street Address 510 Townsend St.		Purpose fee- online donation	
City San Francisco	State CA	Zip Code 94103	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 \$ 15.40