



# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> PETER MARSH FOR CITY COUNCIL				
To Whom Paid PETER MARSH		Date (MM/DD/YYYY) 12/09/2019		Amount \$318.04
Street Address 3563 GOLDENROD ST.		Purpose POSTAGE, SUPPLIES REIMBURSEMENTS		
City HILLIARD	State OH	Zip Code 43026	Check Number 1020	
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	
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 \$ \$318.04