

## Page 1

## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee							
PETER MARSH FOR CITY COUNCIL							
To Whom Paid	Date (MM/DD/YYYY) Amount		Amount	$\neg$			
PETER MARSH	12/09/2019		\$318.04	Ì			
Street Address	et Address Purpose						
3563 GOLDENROD ST.	POSTAGE,	POSTAGE, SUPPLIES REIMBURSEMENTS					
City	State	Zip Code Check Number			$\neg$		
HILLIARD	ОН	43026 1020		0			
To Whom Paid		Date (MM/DD/YYYY)		Amount			
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To Whom Paid		Date (MM/DD/YYYY)		Amount			
Street Address	Purpose	<u> </u>		<del> </del>	$\dashv$		
City	State	Zip Code Check Number		ck Number	-		
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Page	Total \$	\$318.0	4	
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