



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of McGivern				
To Whom Paid Kelly McGivern		Date (MM/DD/YYYY) 10/02/2017		Amount \$210.00
Street Address 3257 Northampton Drive		Purpose Reimbursement for Hilliardfest booth fee		
City Hilliard	State OH	Zip Code 43026	Check Number 1018	
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 \$ 210.00