



# Statement of Expenditures

Form 31-B

R.C. 3517.10

|  |             |                                 |                           |                  |
|--|-------------|---------------------------------|---------------------------|------------------|
| <b>Full Name of Committee</b><br>Nicodemus for Trustee |             |                                 |                           |                  |
| To Whom Paid<br>Karen Phipps for Judge                 |             | Date (MM/DD/YYYY)<br>12/18/2018 |                           | Amount<br>100.00 |
| Street Address<br>545 E Town St                        |             | Purpose<br>donation             |                           |                  |
| City<br>Columbus                                       | State<br>OH | Zip Code<br>43215               | Check Number<br>000287424 |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)               |                           | Amount           |
| Street Address   |             | Purpose                         |                           |                  |
| City   | State<br>OH | Zip Code                        | Check Number              |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)               |                           | Amount           |
| Street Address   |             | Purpose                         |                           |                  |
| City   | State<br>OH | Zip Code                        | Check Number              |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)               |                           | Amount           |
| Street Address   |             | Purpose                         |                           |                  |
| City   | State<br>OH | Zip Code                        | Check Number              |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)               |                           | Amount           |
| Street Address   |             | Purpose                         |                           |                  |
| City   | State<br>OH | Zip Code                        | Check Number              |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)               |                           | Amount           |
| Street Address   |             | Purpose                         |                           |                  |
| City   | State<br>OH | Zip Code                        | Check Number              |                  |

Page Total \$ 100.00