



## Statement of Expenditures

Form 31-F

R.C. 3517.10

| Full Name of Committee      |  |                       |              |  |  |
|-----------------------------|--|-----------------------|--------------|--|--|
| Brendan King for UA Council |  |                       |              |  |  |
| To Whom Paid                |  | Date (MM/DD/YYYY)     | Amount       |  |  |
| First Merchants Bank        |  | 10/25/2               | 2017 3.00    |  |  |
| Street Address              | Purpose                                      |                       |              |  |  |
| 2130 Tremont Center Drive   | Paper Statement Fee                          |                       |              |  |  |
| City                        | State Z                                      | Zip Code Check Number |              |  |  |
| Upper Arlington             | OH 4   | 43221 N/A - ACH       |              |  |  |
| To Whom Paid                | <u> </u>                                     | Date (MM/DD/YYYY)     | Amount       |  |  |
|                             |  |                       |              |  |  |
| Street Address              | Purpose                                      |                       |              |  |  |
|                             |  |                       |              |  |  |
| City                        | ] }  | Cip Code              | Check Number |  |  |
|                             | ОН   |                       |              |  |  |
| To Whom Paid                |  | Date (MM/DD/YYYY)     | Amount       |  |  |
|                             |  |                       |              |  |  |
| Street Address              | Purpose                                      |                       |              |  |  |
| City                        | State Z                                      | Zip Code Check Number |              |  |  |
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| To Whom Paid                | <u> </u>                                     | Date (MM/DD/YYYY)     | Amount       |  |  |
|                             |  |                       |              |  |  |
| Street Address              | Purpose                                      |                       |              |  |  |
|                             |  |                       |              |  |  |
| City                        | State Z                                      | Zip Code              | Check Number |  |  |
|                             | он   |                       |              |  |  |
| To Whom Paid                | <u>.                                    </u> | Date (MM/DD/YYYY)     | Amount       |  |  |
|                             |  |                       |              |  |  |
| Street Address              | Purpose                                      |                       |              |  |  |
|                             |  |                       |              |  |  |
| City                        | State Z                                      | Zip Code              | Check Number |  |  |
|                             | он   |                       |              |  |  |
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