



Statement of Expenditures

Form 31-B

R.C. 3517.10

| | | | | |
|--|-------------|---------------------------|---------------------------------|-----------------|
| Full Name of Committee FRIENDS OF CAROL MOHR | | | | |
| To Whom Paid DELUXE CHECK/ ARLINGTON BANK | | | Date (MM/DD/YYYY) 07/05/2017 | Amount 21.75 |
| Street Address 2130 TREMONT CENTER | | Purpose CHECK PRINTING | | |
| City COLUMBUS | State OH | Zip Code 43221 | Check Number EFT | |
| 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 \$ 21.75