



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Cathy DeRosa			
To Whom Paid US Post Office		Date (MM/DD/YYYY) 10/06/2017	Amount 34.00
Street Address 715 Shawan Falls DR		Purpose Postage	
City Dublin	State OH	Zip Code 43017	Check Number Bank Card
To Whom Paid US Post Office		Date (MM/DD/YYYY) 09/13/2017	Amount 34.00
Street Address 715 Shawan Falls DR		Purpose Postage	
City Dublin	State OH	Zip Code 43017	Check Number Bank Card
To Whom Paid Walmart		Date (MM/DD/YYYY)	Amount 14.94
Street Address 5900 Britton Pkwy		Purpose Envelopes/Cardstock	
City Dublin	State OH	Zip Code 43016	Check Number Bank Card
To Whom Paid VistaPrint		Date (MM/DD/YYYY) 10/02/2017	Amount 102.12
Street Address 95 Hayden Ave		Purpose	
City Lexington	State MA <input type="text" value="MA"/>	Zip Code 02421	Check Number Bank Card
To Whom Paid 4Imprint		Date (MM/DD/YYYY) 10/02/2017	Amount 148.68
Street Address 101 Commerce Street		Purpose	
City Oshkosh	State WI <input type="text" value="WI"/>	Zip Code 54901	Check Number Bank Card

Page Total \$ 333.74