



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> CHRIS AMOROSE GROOMES FOR DUBLIN				
To Whom Paid THE HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 01/15/2019		Amount 3.00
Street Address P.O. BOX 1558EA1W37		Purpose MONTHLY SERVICE FEE		
City COLUMBUS	State OH	Zip Code 43216	Check Number AUTO-DEBIT	
To Whom Paid THE HUNTINTON NATIONAL BANK		Date (MM/DD/YYYY) 02/15/2019		Amount 3.00
Street Address P.O. BOX 1558EA1W37		Purpose MONTHLY SERVICE FEE		
City COLUMBUS	State OH	Zip Code 43216	Check Number AUTO-DEBIT	
To Whom Paid THE HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 03/15/2019		Amount 3.00
Street Address P.O. BOX 1558EA1W37		Purpose MONTHLY SERVICE FEE		
City COLUMBUS	State OH	Zip Code 43216	Check Number AUTO-DEBIT	
To Whom Paid THE HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 04/15/2019		Amount 3.00
Street Address P.O. BOX 1558EA1W37		Purpose MONTHLY SERVICE FEE		
City COLUMBUS	State OH	Zip Code 43216	Check Number AUTO-DEBIT	
To Whom Paid THE HUNTINTON NATIONAL BANK		Date (MM/DD/YYYY) 05/15/2019		Amount 3.00
Street Address P.O. BOX 1558EA1W37		Purpose MONTHLY SERVICE FEE		
City COLUMBUS	State OH	Zip Code 43216	Check Number AUTO-DEBIT	

Page Total \$ 15.00