



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee					
CHRIS AMOROSE GROOMES FOR DUBLIN					
To Whom Paid			Date (MM/DD/YYYY)		Amount
THE HUNTINGTON NATIONAL BANK			01/15/2019 3.00		
Street Address	Purpose				
P.O. BOX 1558EA1W37	MONTHLY SERVICE FEE				
City	State	Zip Code Check Number			ck Number
COLUMBUS	ОН	432	16	TO-DEBIT	
To Whom Paid			Date (MM/DD/YYYY) Amount		
THE HUNTINTON NATIONAL BANK			02/15/2019 3.00		
Street Address	Purpose				
P.O. BOX 1558EA1W37	MONTHLY SERVICE FEE				
City	State	Zip Code		Che	ck Number
COLUMBUS	он	432	16	ΑU	TO-DEBIT
To Whom Paid	Date (MM/DD/YYYY) Amount				
THE HUNTINGTON NATIONAL BANK			03/15/2019 3.00		
Street Address	Purpose				
P.O. BOX 1558EA1W37	MONTHLY SERVICE FEE				
City	State	Zip Code Check Number			eck Number
COLUMBUS	ОН	43216		ΑU	TO-DEBIT
To Whom Paid			Date (MM/DD/YYYY) Amount		
THE HUNTINGTON NATIONAL BANK			04/15/2019 3.00		
Street Address	Purpose				
P.O. BOX 1558EA1W37	MONTHLY SERVICE FEE				
City	State	Zip	Code	Che	eck Number
COLUMBUS	ОН	432	216	AU	ITO-DEBIT
To Whom Paid			Date (MM/DD/YYYY) Amo		Amount
THE HUNTINTON NATIONAL BANK			05/15/2019 3.00		
Street Address	Purpose				
P.O. BOX 1558EA1W37	MONTHY SERVICE FEE				
City	State	Zip	Zip Code Check Number		eck Number
COLUMBUS	ОН	432	216	AU	JTO-DEBIT

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