



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)	A	Amount		
THE HUNTINGTON NATIONAL BANK			06/17/2019		3.00		
Street Address Purpose							
P.O. BOX 1558EA1W37	MONTHLY SERVICE FEE						
City	State	Zip Code Check			k Number		
COLUMBUS	он	43216		AUTO-DEBIT			
To Whom Paid			Date (MM/DD/YYYY)	1	Amount		
THE HUNTINTON NATIONAL BANK			07/15/201	19 3	3.00		
Street Address	Purpose						
P.O. BOX 1558EA1W37	MONTHLY SERVICE FEE						
City	State	Zip (Code	k Number			
COLUMBUS	он	432	216 AUT		O-DEBIT		
To Whom Paid	Date (MM/DD/YYY		Date (MM/DD/YYYY)	YY) Amount			
Street Address	Purpose						
Ott.	C4-4-	Lorent Number					
City	State OH	Zip	Zip Code		Check Number		
	OII				A		
To Whom Paid			Date (MM/DD/YYYY)	ľ	Amount		
Street Address	Purpose						
City	State	Zip Code		Check Number			
	ОН						
To Whom Paid			Date (MM/DD/YYYY)	1	Amount		
Street Address	Purpose						
City	State	Zip Code Check Number		ck Number			
	ОН						

Page Total \$	6.00		