



# 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) 06/17/2019	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) 07/15/2019	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		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
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Street Address		Purpose	
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Page Total \$ 6.00