



**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) 11/15/2017		Amount 3.00
Street Address P.O. BOX 1558 EA1W37		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) 12/15/2017		Amount 3.00
Street Address P.O. BOX 1558 EA1W37		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) 01/16/2018		Amount 3.00
Street Address P.O. BOX 1558 EA1W37		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	

Page Total \$ 9.00