



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CHRIS AMOROSE GROOMES FOR DUBLIN				
To Whom Paid THE HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 02/15/2017	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) 03/15/2017	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) 04/17/2017	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) 05/15/2017	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) 06/15/2017	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	

Page Total \$ 15.00